



NZ ROYAL COMMISSION  
COVID-19 LESSONS LEARNED

TE TIRA ĀRAI URUTĀ

Looking back to move  
forward: Aotearoa  
New Zealand's

# Experiences of the COVID-19 pandemic

Te titiro whakamuri kia anga whakamua: ngā  
wheako o te mate urutā KOWHEORI-19 i Aotearoa

PHASE  
**ONE**

NOVEMBER 2024

# Acknowledgement | He mihi

Tēnā koutou, we would like to say

# thank you

to everyone who has contributed to Te Tira Ārai Urutā the New Zealand Royal Commission of Inquiry into COVID-19 Lessons Learned by sharing their pandemic experiences and lessons with us.

Discussing the pandemic is not always easy or straightforward, and so we greatly appreciate the thoughtful approach people have taken in sharing their feedback.

We acknowledge that for many people in our communities, COVID-19 and its effects remain an ongoing concern for their own health, or the health of their loved ones.

In addition, many people in Aotearoa New Zealand continue to live with significant emotional, financial and social impacts from their pandemic experience. For all these people, the COVID-19 pandemic is not over.

The information received through our public submissions process is an extremely valuable record that has informed the Inquiry's findings, lessons and recommendations for future pandemic planning.



**CONTENT WARNING:** Please be aware that some parts of this report may be distressing or raise issues of concern for some readers. There is a range of services available if you require support after reading this report, which can be found at the end of this document.

**DISCLAIMER:** The views and experiences reflected in this report are those of the people who provided feedback to the Inquiry through the Royal Commission of Inquiry into COVID-19 Lessons Learned public submissions process in early 2024 – they are not the views or recommendations of the Inquiry Commissioners or the New Zealand Government. The Inquiry and the Government accept no responsibility for the accuracy or completeness of any material contained in the responses.



# He mihi | Acknowledgement

Tēnā koutou,

## Tēnei te mihi atu

ki a koutou katoa i tautoko i Te Tira Ārai Urutā mā te tuku i ō koutou mōhio, akoranga hoki mō te mate urutā ki a mātau.

Ehara i te mea māmā te kōrero mō te mate urutā, nō reira he mea nui ki a mātau te āhua o te tuku mai a te tangata i ō rātau whakaaro.

E mōhio ana mātau he nui tonu ngā tāngata, ō rātau whānau rānei i roto i ō tātau hapori kei te pāngia tonutia e te KOWHEORI-19 me ōna pānga.

I tua atu i tērā, he maha ngā tāngata i Aotearoa kei te raru tonu i ngā pānga kare ā-roto, ā-pūtea, ā-pāpori hoki mai i te mate urutā. Mō ēnei tangata, kāore anō kia mutu te mate urutā KOWHEORI-19.

He whakaaturanga tino hira ngā mōhiohio kua riro mai i tā mātau hātepe tāpaetanga kōrero tūmatanui i whakamōhio i ngā putanga, ngā akoranga me ngā tūtohutanga o te Uiuī mō ngā whakarite mahere urutā ā muri ake.



**HE KŌRERO WHAKATŪPATO:** Kia tūpato ki ētahi wāhanga o tēnei pūrongo ka ahotea, ka pupū ake pea rānei he raru mō ētahi kaipānui. E wātea ana ētahi tūmomo ratonga rerekē mēnā kei te hiahia tautoko koe i muri i te pānui i tēnei pūrongo, ka kitea ēnei i te mutunga o tēnei tuhinga.

**WHAKAKAPE:** Ko ngā whakaaro me ngā wheako kei roto i tēnei pūrongo nō te hunga i tuku whakaaro mā te hātepe tāpaetanga kōrero o Te Tira Ārai Urutā i te wāhanga tuatahi o te tau 2024 – ehara ēnei i ngā whakaaro, ngā tūtohutanga rānei a ngā Kaikōmihana Uiuī, te Kāwanatanga o Aotearoa rānei. Kāore he kawenga i runga i te Uiuī me te Kāwanatanga mō te tika, te whānuitanga rānei o ngā kōrero i roto i ngā whakautu.





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## Foreword | Kupu Whakataki

**The COVID-19 pandemic had, and continues to have, significant, complex and far-reaching impacts on individual people, whānau (families), communities and organisations across Aotearoa New Zealand.**

This experiences report is a summary of public submissions provided to Te Tira Ārai Urutā the New Zealand Royal Commission of Inquiry into COVID-19 Lessons Learned (the Inquiry) in early 2024.

A focus of the Inquiry's work has been hearing directly from people about their experiences of the COVID-19 pandemic, to help inform Aotearoa New Zealand's planning for any future pandemics.

We considered it vital for our work to be anchored in a deep understanding of what happened to people during the pandemic, and the feedback we have received has been extremely insightful.

In their own words, nearly 13,000 individuals, whānau (families) and organisations shared their experiences and feedback with us. In total, people raised over 1,200 different topics and more than 133,000 points, which were then carefully grouped and sorted under common themes. We heard from people of many different ages and ethnicities across Aotearoa New Zealand, and from many New Zealanders living overseas.

People took the opportunity to share their thoughts freely and openly. Many people provided detailed descriptions of their personal pandemic experience. Others took the opportunity to provide clear and direct lessons for future pandemic planning. Some provided just a few short sentences. Together the feedback and input we received was invaluable to our work.

In terms of positive experiences, many people were very supportive of how Aotearoa New Zealand handled the early stages of the pandemic and indicated their overall support for a response which they considered prioritised lives and people. People saw benefits in Aotearoa New Zealand's response compared to other countries around the world.

At the same time, people shared their concerns about the significant impacts of the pandemic, for example on mental health and wellbeing, to jobs and businesses and the wider economy, and on their children's education – to name just a few.

We also received many submissions from people who expressed strong negative views about the pandemic response. We heard significant criticisms of various public health measures used during the pandemic, especially lockdowns, managed isolation and quarantine (MIQ), and vaccine mandates. Many people expressed their opposition to these sorts of measures being used – or used in the same way – in the future.

We heard from people who questioned the Government's authority to place significant restrictions on people's everyday lives during a pandemic, and from those suspicious of the intent of the New Zealand Government, international governing bodies and pharmaceutical companies.

Overall, it is very clear from the public feedback we received that the COVID-19 pandemic significantly affected people's lives – but often in quite different ways.



We consider all experiences are important and can contribute to future pandemic planning. This report, therefore, aims to show the vast range of experiences and lessons (both positive and negative) that people have shared with the Inquiry.

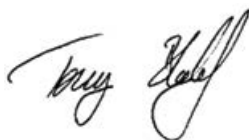
The feedback from public submissions complements the other evidence and insights we have gathered, including from conducting over 380 meetings and reviewing more than 133,000 pages of documentation.

This experiences report is a companion document to the Inquiry's Phase One report, completed in November 2024.

We would like to acknowledge community engagement specialists Dioscuri and All is for All, who worked with the Inquiry to coordinate a range of community engagements as part of the public submission process in 2024.

In addition, we are grateful to Citizen Space for their technical support of the process, and for the excellent support from the team at Global Research Ltd, who partnered with us to analyse the feedback received.

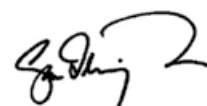
Ngā mihi nui



Professor Tony Blakely,  
Chair



John Whitehead CNZM KStJ,  
Commissioner



Grant Illingworth KC,  
Commissioner



**Note: Grant Illingworth KC was appointed as a commissioner for Phase One of the Inquiry from 2 August 2024 to 28 November 2024 and has also been appointed as the Chair for Phase Two of the Inquiry. His appointment to Phase One was made at a time when evidence collection had been completed. In accordance with the terms of reference for Phase Two, Mr Illingworth has not had access to any non-public material gathered in evidence during Phase One. This includes consideration of any evidence that was adduced during the natural justice process, or any other involvement in that process. His primary role during Phase One has been to review near final drafts of the Inquiry's reports. Mr Illingworth has signed this report in this capacity. Mr Illingworth notes and emphasises that there are areas in the Inquiry's reports that overlap with the Phase Two terms of reference, and that Phase Two of the Inquiry may look more deeply into some issues and make findings, identify lessons and make recommendations beyond those in the Phase One report.**

# Kupu Whakataki | Foreword

## He pānga nui tonu, matatini me te whānui o te mate urutā KOWHEORI-19 ki ngā tāngata, ngā whānau, ngā hapori me ngā whakahaere puta noa i Aotearoa.

He whakarāpopototanga tēnei pūrongo wheako o ngā tāpaetanga kōrero tūmatanui i tukuna ki Te Tira Ārai Urutā (te Uiui) i te tīmatanga o te 2024.

Ko tētahi aronga o ngā mahi o te Uiui ko te whakarongo tonu ki ngā tāngata mō ō rātau wheako mō te mate urutā KOWHEORI-19, hei āwhina ki te whakamōhio i ngā whakarite mahere o Aotearoa mō ngā mate urutā o muri mai.

He mea hira ki ā mātau mahi kia tino mārama i ahatia ngā tāngata i roto i te mate urutā, ā, kua tino mārama mātau ināianei i ngā kōrero kua riro mai.

I roto i ā rātau kōrero, tata ki te 13,000 ngā tāngata, ngā whānau me ngā whakahaere i tuku kōrero mai ki a mātau mō ngā āhuatanga ki a rātau. Huihui katoa, neke atu i te 1,200 ngā take kōrero i whakaarahia me ngā take neke atu i te 133,000, kātahi ka āta whakarōpūtia e mātau i raro i ngā kaupapa noa. I rongo kōrero mātau mai i ngā tāngata nō ngā taipakeke me ngā mātāwaka rerekē puta noa i Aotearoa, me ngā tāngata maha o Aotearoa e noho ana i tāwāhi.

I tukuna e te tangata ō rātau whakaaro i runga i te wairua me ngā ngākau tuwhera. He maha ngā tāngata i tuku whakamāramatanga āmiki mō ō rātau wheako urutā ake. I āhei ētahi atu ki te tuku akoranga mārama me te hāngai mō te whakarite mahere urutā mō anamata. Ko ētahi i tuku rerenga kōrero poto noa iho. He mea hira ēnei i te taha o ngā whakaaro i tukuna mai ki ā mātau mahi.

Mō te taha ki ngā wheako pai, he maha ngā tāngata i tautoko i te āhua o te whakahaere a Aotearoa i te wāhanga tuatahi o te mate urutā me tā rātau tautoko whānui i tētahi urupare ko te ora o te tangata te mea tuatahi. I kite ngā tāngata i Aotearoa i ngā painga o te urupare o Aotearoa tēnā i ētahi atu whenua o te ao.

Heoi, i whakaputa anō ngā tāngata i ō rātau māharahara mō ngā pānga nui o te mate urutā, arā ki te hauora me te oranga hinengaro, ki ngā mahi me ngā pakihi me te ōhanga whānui, me te mātauranga o ō rātau mātauranga – arā atu anō ētahi.

I whiwhi tāpaetanga kōrero mai i ngā tāngata kāore i pai ō rātau whakaaro mō te urupare mate urutā. I rongo mātau i ngā whakahē mō ngā tūmomo whakaritenga hauora tūmatanui i whakamahia i te mate urutā, otirā ko ngā noho rāhui, ngā wāhi noho me ngā whakanōhanga taratahi (MIQ), me ngā mana kano ārai mate. He maha ngā tāngata i whakahē kia whakamahia anōtia ēnei momo whakaritenga ā muri ake.

I rongō mātau mai i ngā tāngata i werowero i te mana o te Kāwanatanga ki te whakatau rāhui hira ki ngā ao o ia rā o te tangata i te wā o te mate urutā, tae atu ki ērā e tūpato nei ki te hiahia o te Kāwanatanga o Aotearoa, ngā rōpū mana whakahaere o Aotearoa me ngā kamupene rongōā.

Heoi, e mārama ana mai i ngā whakaaro o te iwi whānui i whiwhi mātau he pānga nui tō te mate urutā KOWHEORI-19 ki ngā tāngata – engari he rerekē nei ngā pānga.

Ki a mātau he mea nui ngā wheako katoa, ā, ka taea e mātau te tautoko ngā mahi whakarite mahere urutā ā muri ake. Nō reira ko te whai a tēnei pūrongo he whakaatu i ngā tūmomo wheako, akoranga whānui (pai me te kino) i tukuna mai e te tangata ki te Uiui.

Ka tautoko ngā whakaaro mai i ngā tāpaetanga kōrero tūmatanui i ētahi atu kitenga kua kohia e mātau, tae atu ki ngā hui 380 i whakahaerehia me te āta tiro tiro i ngā whārangi neke atu i te 100,000.

He tuhinga tāpiri tēnei pūrongo wheako ki te pūrongo Wāhanga Tuatahi a te Uiui, i oti i te Noema 2024.

Tēnei te mihi atu ki te mātanga whakawhitiwhiti ki te hapori a Dioscuri me All is for All, i mahi i te taha o te Uiui ki te whakarite i ngā tūmomo hui tahi hapori i roto i te tāpaetanga kōrero tūmatanui i te tau 2024. I tua atu i tērā, e whakamihi ana ki a Citizen Space mō ā rātau tautoko hangarau i te hātepe,

ka mutu mō ngā tautoko rawe a te rōpū i Global Research Ltd, nā rātau i mahi tahi me mātau ki te tātari i ngā whakaaro i whiwhi mai.

### Ngā mihi nui



Professor Tony Blakely,  
Chair



John Whitehead CNZM KStJ,  
Commissioner



Grant Illingworth KC,  
Commissioner

# About the Royal Commission of Inquiry | Mō te Uiui a te Kōmihana Rōera

**Te Tira Ārai Urutā the New Zealand Royal Commission of Inquiry COVID-19 Lessons Learned was established by the Government in December 2022 to help strengthen Aotearoa New Zealand's preparedness for, and response to, future pandemics by capturing the lessons learned from our COVID-19 experience.**

The Royal Commission is an independent inquiry. Phase One of the Inquiry was led by three Commissioners: Professor Tony Blakely (Chair), John Whitehead CNZM KStJ and (from August 2024) Grant Illingworth KC. Hon Hekia Parata (Ngāti Porou and Ngāi Tahu) also served as a Commissioner from December 2022 to November 2023.

During Phase One, we were tasked with looking at and considering for the future:

- **The public health response and delivery of health services** – this includes things like border closures and MIQ arrangements; the approval and mandating of vaccines; lockdowns and isolation arrangements; as well as vaccine passes, gathering limits and personal protective equipment.
- **The provision of goods and services** – this includes things like how people's everyday needs were met during the pandemic, such as the provision of lifeline utilities and services, e.g. water and electricity; how education and childcare services were delivered; and other essential services that the Government provides, like regular superannuation payments or housing.

- **The economic response** – this includes things like how financial support was provided to individuals and businesses; exemptions that were put in place for specific industries like farming, for example; and the Government's economic response more generally.
- **Government communication, engagement and decision-making** – this includes things like how people and communities were communicated and engaged with during the pandemic, in order to limit the spread of the virus and ensure people were kept safe; and what sort of decision-making structures and arrangements might be used or put in place during a pandemic that continues for a long time.

The Inquiry was directed to look at what kinds of **legislative and policy settings and delivery approaches** could improve Aotearoa New Zealand's preparedness and response to a future pandemic, and the interests of Māori in the context of the pandemic consistent with Te Tiriti o Waitangi relationships.

The Inquiry was also tasked with considering **how to best support the wellbeing of essential workers, and communities and population groups who are likely to be most impacted by a pandemic.**



While the Inquiry was directed to consider many aspects of the pandemic response, certain topics were excluded from the scope of Phase One of the Inquiry's work. These included:

- Particular clinical decisions made by clinicians or by public health authorities during the pandemic;
- How and when the strategies and other measures devised in response to COVID-19 were implemented or applied in particular situations or in individual cases;
- The specific epidemiology of the COVID-19 virus and its variants;
- Vaccine efficacy;
- Recent reforms to Aotearoa New Zealand's health system, including the organisational arrangements for public health services;
- The judgments and decisions of courts and tribunals and independent agencies such as the Ombudsman, the Privacy Commissioner, or the Independent Police Conduct Authority relating to the pandemic;
- The operation of the private sector, except where the private sector delivers services integral to a pandemic response;

- Particular decisions taken by the Reserve Bank's independent monetary policy committee during the pandemic;
- Any adaptation of court procedures by the judiciary during the pandemic;
- Any adaptation of parliamentary processes during the pandemic;
- The conduct of the general election during the pandemic.



Note: From 29 November 2024, Phase Two of the Inquiry will commence. It will investigate and assess key decisions taken by Government in response to COVID-19 between February 2021 and October 2022 regarding the use of vaccines, lockdowns and the procurement, development and distribution of testing and tracing technologies and non-pharmaceutical public health materials. You can read more about Phase Two in the 'What happens next' section on page 112.



# About this report | Mō tēnei pūrongo

## We asked the public to share their experiences of the COVID-19 pandemic – and their views on how Aotearoa New Zealand can prepare for any future pandemics.

In early 2024, the Inquiry asked the public to share their experiences of the COVID-19 pandemic, along with their views on how Aotearoa New Zealand can prepare for any future pandemics.

In total, 12,928 individual people, whānau (families) and organisations chose to share their experiences with us, raising over 1,200 different topics and making over 133,000 points.

These wide-ranging experiences, both positive and negative, demonstrated the significant impacts the COVID-19 pandemic has had on individuals and their families, communities, businesses and other organisations, and our nation overall.

The public submissions process represented an important aspect of our evidence-gathering process, and the results have provided rich insights into the key issues from the COVID-19 pandemic that remain top of mind for people.

The summary of public feedback in this report is split into six main sections, which each contain a range of experiences and views from the most frequently raised topics, including:

- 
- 1 The public health response**
    - Lockdowns
    - Restrictions on movement and gatherings
    - Managed isolation and quarantine
    - Access to healthcare
    - Other aspects of the public health response
    - Vaccines
    - Vaccine mandates
- 
- 2 The economic response and impacts on businesses**
- 
- 3 Impacts on our society and communities**
- 
- 4 Education during a pandemic**
- 
- 5 The experiences of iwi and Māori**
- 
- 6 Aotearoa New Zealand's overall pandemic response**
-





In total, 12,928 individual people, whānau (families) and organisations chose to share their experiences with us, raising over 1,200 different topics and making over 133,000 points.

You'll see a range of views presented in each section. We've included short quotes in each section to help show some of the different perspectives we received on each issue, along with some longer pandemic stories at the beginning of the report to highlight particular experiences in more detail.

Due to the high levels of public feedback the Inquiry received on the following topics: lockdowns, restrictions on movement and gatherings, managed isolation and quarantine (MIQ), access to healthcare, vaccines and vaccine mandates; each has their own sub-section (although they were all part of the public health measures used during the pandemic).

### **Out of scope material | Ngā kōrero i waho o te kaupapa**

We received a large amount of feedback on a range of topics outside the Inquiry's original terms of reference. You can read more about how we have treated material received that is outside the Phase One scope in the 'Our approach' section, and an overview of this material is provided on pages 108 to 111.

# Who we heard from | Te hunga i tuku kōrero mai



**12,928**  
submissions



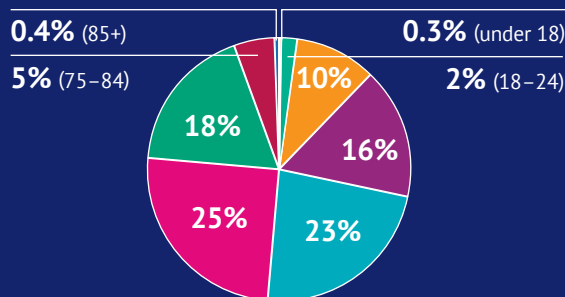
**133,000+**  
comments made



**1,200+**  
topics raised

## Age

Younger age groups were under-represented. Almost half (48%) of the feedback was received from people 55 years or older, and only 12% of the feedback was from people under 35



- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+



Average word length  
of submissions  
**330+ words**



Over **1/4**  
of the people we  
heard from were  
essential workers



Timeline for the  
engagement:

8 February 2024

24 March 2024

## Health conditions

Over 1/3 of people  
indicated they had one  
or more health conditions



4,793 people **37%**

The most common health  
conditions were:

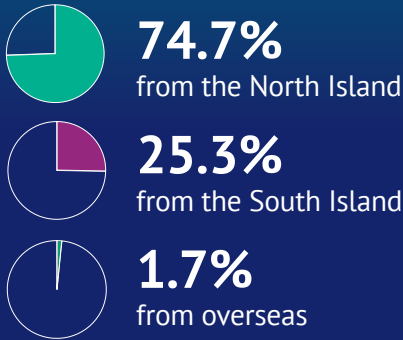
Chronic illness **9.8%**

Mental distress **6.1%**

Physical disability **5.1%**

## Location

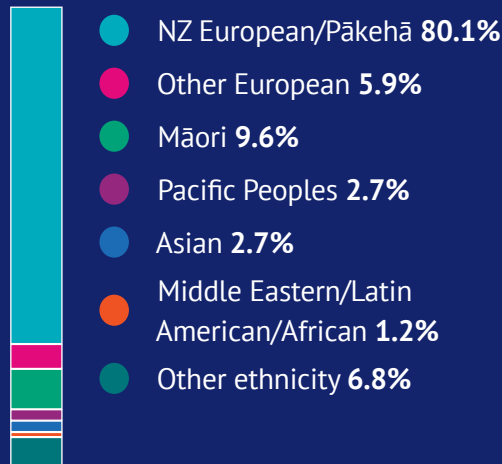
We heard from people across the country and abroad



Almost **1,500** people said they lived in a different region during the pandemic

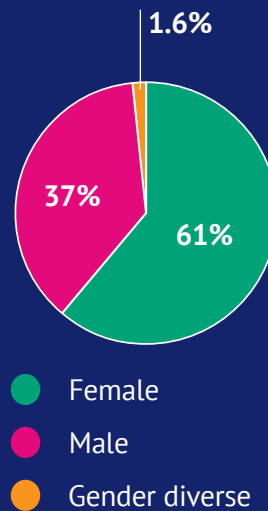
## Ethnicity

The majority of people who shared their experiences of the pandemic were NZ European/Pākehā, or 'other European' (86%)



## Gender

We heard from more females than males



**841** people said they were affiliated with one or multiple iwi



Almost **10%** of those who submitted were Māori, making this the second largest ethnicity group

# Our approach | Te huarahi i whāia e mātau

**A focus of the Inquiry's work was to hear directly from people about their experiences of the COVID-19 pandemic, to help inform Aotearoa New Zealand's planning for any future pandemics.**

We considered it necessary that the Inquiry heard from as many people as possible (and from as many different backgrounds as possible), to properly address our terms of reference.

To support this, the Inquiry ran a public submissions process for six weeks, between 8 February and 24 March 2024, where people could complete an online survey through our website.

We asked people to respond to two open-ended questions:



## Looking back –

what would you like the Inquiry to know about your experiences of the COVID-19 pandemic?



## Moving forward –

what lessons should we learn from your experiences so we can be as prepared as possible for a future pandemic?



This report has been created to help demonstrate the many different experiences and views that were shared with the Inquiry during our public submissions process in early 2024. While we have aimed to provide a comprehensive overview, it does not represent a complete record of everything the Inquiry heard, or the proportions in which certain views were expressed.

It's also important to note that the content within this report is not representative of all COVID-19 pandemic experiences in Aotearoa New Zealand, or all views on the pandemic response: the feedback we received only represents the experiences and views expressed by those who chose to complete the survey.

The views and experiences reflected in this report are not the views or recommendations of the Inquiry, Commissioners or the New Zealand Government. The Inquiry and the Government accept no responsibility for the accuracy or completeness of any material contained in the responses.

## We asked...



**LOOKING BACK** – what would you like the Inquiry to know about your experiences of the COVID-19 pandemic?



**MOVING FORWARD** – what lessons should we learn from your experiences so we can be as prepared as possible for a future pandemic?

All survey material was available in English, Te Reo Māori and New Zealand Sign Language, and translated survey material was available in Simplified Chinese, Hindi, Tongan and Samoan. We ensured the online survey was accessible for disability communities, and people could provide their responses over the phone through an 0800 number if they couldn't access or use the website.

People could make a submission as an individual, or on behalf of their whānau (family), or an organisation. People could also choose to provide demographic information alongside their feedback, and we've used this information to help highlight the different types of people and communities who shared their experiences with us.

We worked with external partners to hold a range of community-based engagements, including with secondary and tertiary students, workers, volunteers, business owners, older people, disabled people, people from rainbow communities, ethnic communities and refugees, and prisoners in order to gather submissions from harder to reach communities. We received about 450 submissions this way.

We were pleased to receive almost 13,000 submissions during the six weeks the survey was open.

Every submission was read and categorised into corresponding themes and topics by a specialist team of analysts over a 12-week period. This was followed by a synthesis of all the points made, which was considered by Commissioners and used to inform this summary experiences report.

### **Confidentiality, privacy and use of quoted material |**

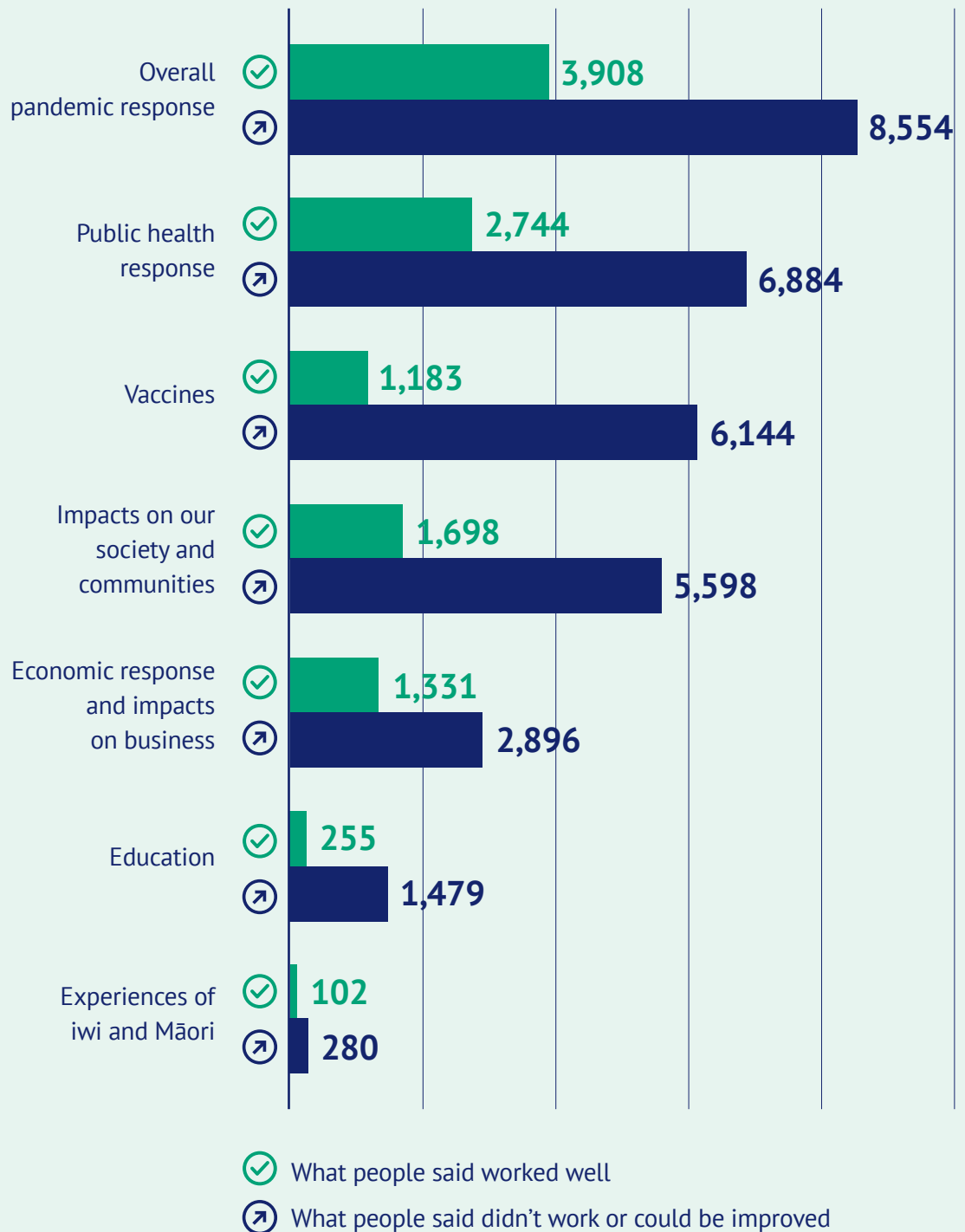
#### **Matatapu, tūmataiti me te whakamahi i ngā kōrero a te tangata**

When completing the survey, people were able to request that their responses be kept permanently confidential. We have not used any quoted material in this report where this request has been made, without prior permission.

Where quotes are used, we have removed all personal information so that only unattributed, unidentifiable material is included. In some cases, this means we have edited text to protect people's privacy.

We have also applied editorial consistency to quoted material to ensure quotes are easy to read and removed any offensive language.

## Proportion of submitters who commented on themes



## Most frequently covered topics | Ngā tino take kua kōrerotia

The aim of this report is to share a summary of the many experiences and views people shared with the Inquiry relating to their pandemic experience, and the lessons they learned.

As such, we have not provided detailed information about the numbers of submitters who commented on each individual topic. However, the table on the left provides information on the number of people who provided feedback on broad topic areas.



Note: as our survey questions were open-ended, submitters could provide feedback on multiple topics that were important to them. Therefore, individual submissions often contained feedback on a range of topics – but not on all topics.

## Out of scope feedback | Ngā whakaaro i waho o te kaupapa

Many submitters provided feedback on topics that are outside of the Inquiry's Phase One terms of reference.

While this material cannot contribute to the findings, lessons or recommendations of the Inquiry and has not been included in our Phase One report, we wish to acknowledge the experiences and views of the COVID-19 pandemic that were important to the people who chose to contribute to the Inquiry.

You can read a short summary about the out of scope feedback we received on pages 108 to 111.



**6,884**

people commented on what didn't work or could be improved with the public health response



**3,908**

people commented on what worked well in the overall pandemic response

# One pandemic, many unique experiences | Kotahi te urutā, ngā wheako ahurei maha

**This series of five COVID-19 experiences highlights just some of the many unique situations people found themselves in during the pandemic, and the diverse insights shared with the Inquiry during the public submissions process in early 2024. Many other shorter quotes are contained within the report to help illustrate the variety of topics raised with us.**

These longer examples provide a more detailed glimpse into some of the impacts of the pandemic, and the different backgrounds of those who chose to share their pandemic story. These experiences have been edited for readability, to capture the main topics raised, and to protect the privacy of individuals.



Note: the images of people used in this report are not those of the individuals who provided public submissions to the Inquiry. Some images used are from the Inquiry's *Look back to move forward* public information campaign that took place in early 2024, and were used to encourage people to share their experiences with us.











Rangatahi (young person) from Northland

**“During Covid I was Year 11. The hardest thing was education. I didn’t really know how to use technology much – and then getting back into the routine again, it was really hard. My uncle also passed away, and the restrictions on the marae were really hard. The border closing was also really hard because I had family stuck in Australia. That had an emotional impact on me.**

We were lucky our family would bring us food because there wasn’t much food in the supermarket. We had six kids at home and two parents – and we could still only get the same amount of food as the families with only two kids.

I remember at first we thought it was fun and our family was together, but not after a while and going back and forth in and out of lockdowns – and Level 1 NCEA is really important. I was playing catch up for Year 12 and 13 – they didn’t think I was going to be able to graduate. My whānau supported me heaps.

It was hard because my cousins were just around the corner and we couldn’t go and see them. We would get excited just to go for a car ride. After like the third lockdown we started finding it pretty boring. There were some positives, as soon as Covid ended I really appreciated the little things more – like being able to go to the beach and play sport again. I hardly saw my teachers because they didn’t always have internet access either. It was hard education wise.

We wondered when it was going to end. It was good because we had the least amount of deaths, but it went on for a long time.”



65–74-year-old, Pākehā female, Hawke's Bay

**“I am hugely admiring of the way in which our government and health officials dealt with this almost unprecedented challenge. The personal management of the crisis and the clear communication made me feel enormously safe and confident. The fact that they were willing to throw money at wage subsidies, testing and ultimately vaccination was just fantastic. The level of research that went into the choice of vaccine was also impressive.**

During the first lockdown there was the most amazing mood in the country. Everyone was kind and helpful. As time went on however, some members of society engaged with social media which was created by malign actors for their own purposes.

When we compare our Covid mortality rate with the rest of the world we have so much to be proud of. There are obviously people walking around now who in a normal influenza season would not have survived. There will have been lessons learnt but in general we could teach the world how to respond to such a challenge.

My one huge disappointment is the lack of education of the population that this is an airborne virus, which will be with us until we have legislation around air quality in public buildings. Schools and hospitals should at very least have air purifiers as standard. Additionally, there seems no education around the possible consequences in terms of repeated infections on long-term health. I am really concerned about our children. Other countries are reporting Long COVID rates at somewhere between 5–10%. These people will be invalids who will pose a huge economic and social burden. Our experience is somewhat like winning the war but losing the peace!”







65–74-year-old Pākehā male, Tairāwhiti

**“As a sheep and beef farmer, the response to the pandemic had a minimal effect on me as far as my farming was concerned, as we could continue to operate.**

However, as one who chose not to be vaccinated, I was severely affected in that I could not participate in certain events and opportunities to attend social gatherings were denied. This carried a mental health issue risk for many.

My overall impression of the Covid response was that it was far too extreme. The initial goal of elimination was unrealistic. It would have necessitated completely isolating ourselves from the world. The actions taken to minimise Covid were also far too extreme. It soon became apparent that the likely death toll if no measures were taken was never likely to be 80,000. Yet fear was maintained in the general population by broadcasting daily figures of deaths. How many people realise there are daily deaths every winter from the common flu?

It was wrong to close small food businesses and force everyone to buy at the big supermarkets. Concentrating more people in one place increased the chance of spread. The small corner shops would never have more than a few people in contact with one another at any time. The consequential hardship to these small businesses was therefore inexcusable.

The mandating of the vaccine was also inexcusable and violated a person’s right to choose. This is particularly so given this was a new vaccine and there were concerns at the time, now validated but poorly publicised that the vaccine did have significant risk of harm.

It is my opinion that we should not have had a lockdown at all. People should have been informed there was a new bug in town that well may be worse than the common flu. Each person would then be free to assess their vulnerability to the disease and make their own choices about actions, just as we do with the flu now.

My overall opinion of the Covid response was that it was far more extreme than necessary causing far too much fear in the general population. There was far too much economic hardship to individuals and small businesses, and far too great an effect on the nation’s economy with a debt that has blown out of all proportion to what a more moderate response would have created.”



45–54-year-old Pākehā female from the United States, now living in New Zealand

**“We were living in the United States in March 2020 when the pandemic struck. The pivot to online education and work was quickly accompanied by a strict lockdown. As we watched people in our family and community sicken and die, we took all the American guidelines seriously. It was a time of deep anxiety, coupled by a daily death toll that rose to unthinkable numbers.**

I don't think I can properly convey the fear that was so prevalent. My partner and I are grounded, rational, and we don't panic easily. But it was a time of tremendous fear. We lost friends and loved ones, and so did everyone we knew. And we watched our children start to withdraw at the lack of social/educational contact and descend into depression, anxiety and behavioural change. And yet we could see how different life was in Aotearoa. The government's decision to shut the borders was working – after the brief initial lockdown, life was continuing as normal in Aotearoa.

In May 2020, we made the decision to return. Whilst my partner and children are citizens, I was not. I filed an application for permanent residency, but also needed to secure a permission to apply for a special Covid visa to enter the country. It was easy, quick, and immigration staff were competent and compassionate. When the permission came through, I wept with relief. We booked flights and MIQ spots, and with a firm departure date set, we started packing up our lives.

I have heard complaints about difficulty with flight availability and MIQ lotteries – my experience was no more difficult than booking a normal flight and hotel. There was some adjustment of dates, but nothing outside the ordinary. The process was easy to use, well-integrated between the airline and the MIQ system. Information was clear and concise, and support was available when needed.

From the moment we arrived in Aotearoa, everything changed. As I looked out the window of the MIQ hotel at Kiwis going about their daily lives, it was like watching a film of a foreign country. The freedom and the normalcy of life was in such sharp contrast to the world we had left behind.”









25–34-year-old, Māori/Pākehā, essential worker and new parent during the pandemic

## “I fell pregnant with my first baby shortly before the first lockdown in New Zealand (due October 2020).

The first couple of months I was advised to stay home from work as I was pregnant and at the time classed as a ‘vulnerable person’ (I worked in the healthcare sector). When Level 4 was over and we moved into Level 3 I was then told by my midwife to return to work, as pregnant people were no longer classed as ‘vulnerable’ unless in the third trimester. I was 16 weeks pregnant. As this felt like it happened overnight, and all the scary news regarding Covid, my partner and I felt at the time it was best for my baby and I if I left my workplace and continued the rest of my pregnancy ‘locked down’ to keep us safe. Because of this I was not able to receive maternity leave. I know it was my own choice to resign, but I felt really unsafe going back to work.

Also because of lockdown I did not receive adequate prenatal care: I did not have an appointment in person with my midwife from 10–25 weeks pregnant and had to go to ultrasounds alone. This was not such a big deal, as I had what seemed to be a healthy pregnancy at that point, but regardless no issues would have been picked up in that time as I was not being seen by my midwife. As I had never been pregnant before, I was unsure what symptoms I was experiencing. When I was finally able to see my midwife in person, it was noted I had extremely high blood pressure and I found out I had pre-eclampsia.

When I had my baby, I had a very long, traumatising birth. I gave birth late at night, and after I was back in my maternity ward room my partner was made to go home as he couldn’t stay. I was left alone, unable to walk, had no food, and with a newborn baby. We were in Level 2 at the time. I had no-one check up on me during the night as they were short-staffed. I discharged myself the next day, 12 hours after giving birth, because I felt I was better off at home. Again, I know this was my choice, but it shouldn’t have been a choice I had to make. I felt I didn’t have adequate postnatal care. I agree that there should be restrictions during a pandemic, but I think important healthcare when our hospitals are not over-run should still go ahead. We don’t want people dying or becoming unwell from other illnesses while focusing on the pandemic.

I understand why restrictions were in place, but I feel it was extremely over the top for the number of cases we had in our country, especially if the region had no active cases at the time. I felt the regional lockdowns we had in 2021 were great. However, I feel we did too much, ruined our country’s economy because of the harsh restrictions and ruined people’s lives with the vaccine mandate. I am vaccinated, and wish everyone would be, but it’s just not real life and not helpful for our country. It’s sad that it will take years for us to build back from this.”

# Public health response | Urupare hauora tūmatanui





1

## ✔ What people said worked well | Ko ngā mea i kī te tangata i pai

- Lockdowns were brought in quickly and decisively.
- People who supported lockdowns told us they:
  - were effective and necessary (even though they were hard)
  - reduced anxiety
  - kept people safe
  - saved lives
  - reduced transmission of COVID-19
  - resulted in less of an impact on the health system.

## ↗ What people said didn't work or could be improved | Ko ngā mea i kī te tangata kāore i pai, me pai ake rānei

- People who told us they opposed the use of lockdowns cited various reasons, including that they:
  - had disproportionate social and economic impacts (did more harm than good)
  - don't work
  - were too strict
  - went on for too long
  - happened too often.
- The Auckland lockdowns were particularly hard for those living in the city, and also in Northland.

## 💡 What people suggested for the future | Ngā mea i whakatakotoria mai mō muri ake

- Lockdowns should be more flexible.
- Lockdowns should only be used in extreme circumstances.

The most common topic the Inquiry received public feedback on, in terms of the public health response to COVID-19 in Aotearoa New Zealand, was the use of lockdowns to control the spread of the virus.

Many people told us they thought lockdowns were hard but effective and necessary. These people stated that going into lockdown helped to reduce anxiety, keep people safe and save lives.

“ I was pregnant during the first lockdown (March 2020) and had a lot of anxiety around my pregnancy, so the swift lockdown helped alleviate that to a certain degree.”

35–44-year-old female, Wellington

Some added that lockdowns helped to limit the spread of COVID-19, which meant the health system had time to prepare and was less impacted.

We were also told that because of lockdowns and the slowed spread of COVID-19, people in Aotearoa New Zealand had time to get vaccinated before the virus hit hard, further helping the health system to prepare and lessening the impact of the virus on the country.

On the other hand, many others felt lockdowns did more harm than good. These people thought lockdowns had too much of an impact on people’s mental health and social wellbeing, and the economy.

“ Locking down a healthy population was bad for the economy, education and mental health.”

Person from Wellington

Others said that lockdowns simply don’t work, that they went on for too long, or that they were excessive or unnecessary.

Some people also told us they agreed with the initial nation-wide lockdown in March 2020, but felt that later lockdowns should not have happened.



“The initial response even with hindsight was appropriate for the situation. No one knew how bad, or not, this disease was going to be. The first lockdown nationwide was appropriate and tolerable. However, lockdowns after that were difficult to deal with, especially when families were separated by borders within the country and could not support each other. Visiting my elderly parents in Auckland was not an option and was extremely hard.”

55–64-year-old female, Waikato

Some people suggested that if another pandemic occurred, Aotearoa New Zealand should use different strategies instead of lockdowns, or that if lockdowns are needed, they should be more flexible or only be used in extreme situations.

Some people did not think it was lawful to put a country into lockdown, and felt their rights had been breached by doing so. People sometimes compared lockdown to being on ‘home detention’ or ‘house arrest’.

## Household lockdown life | Te ao o te noho rāhui i te kāinga

Many people shared positive stories of their household’s lockdown experiences. People often talked about lockdown as a time of calmness and enjoyment, where they could appreciate more quality time with family and use digital tools to connect with others outside their ‘bubble’.

People liked having the opportunity to spend time on their hobbies or exercising, including enjoying walks around their neighbourhood – especially while there was less traffic, less pollution and less noise. Lockdown, for some, was a period where they experienced reduced day-to-day stress, and was a time to reflect on what was really important to them.

“ I feel a little guilty, but lockdown was wonderful. We are a neurodivergent family with various mental and sensory needs, and we are outside of Auckland, so our lockdown only went on for seven weeks.

Unexpectedly, being outside of the constant rush and stress did wonders for all of us. I'd say it was the last time all of us were happy at the same time.

We knew how many cases were in the country and where they were, so we weren't worried about the virus. My job was able to continue paying us, so we were okay for money.

The lack of noise in the city was frankly amazing. I would walk the dog and have long conversations with neighbours at a distance instead of dashing past nodding at each other.

Once lockdown ended things mostly went back to normal.”

45–54-year-old Pākehā,  
gender diverse person

For many others though, lockdowns posed significant challenges and we also heard a wide range of negative experiences. People shared stories of feeling confined or restricted; unable to go out and enjoy activities that usually helped their mental and physical health, like playing sport or going to the beach.

People who had a difficult relationship with someone in their bubble talked about feeling trapped or not being able to have their own space, which made lockdown life hard. Others reported lockdown creating, or exacerbating, marital/relationship problems.

Not having enough personal space or living in a house that was cramped or crowded was also difficult for some, particularly people in small houses or apartments, or without any outdoor space.

Some people described difficult housing situations that made lockdown challenging, such as having to move.

The 'bubble' concept did not work for everyone; different living circumstances meant that for some households and families, following the lockdown bubble rules was hard or impractical, and forced people to make some difficult decisions about who to include or exclude.

“ My relationship with my partner was strained due to inability to get space from each other. This lingers.”

Pākehā female, Auckland

“ I was living in a flatting situation where my flatmate turned very nasty and it was a very difficult living situation with nowhere to go. I made actions to leave once the levels moved.”

35–44-year-old female, Hawke's Bay

## Safety at home | Te haumarū i te kāinga

People described personal experiences of feeling unsafe at home, or concern at the prospect of people in 'bubbles' fearing for their personal safety.

These comments came from people who were themselves living in an unsafe home environment, as well as from people who had general concerns for the safety of others but were not personally impacted.

“ My daughter was living with a man who became violent during lockdown. As a result, she broke the guidelines and evacuated herself and her children to us. If she hadn't done that, I don't know what would have happened.”

65–74-year-old, Auckland



“I was very concerned about families in lockdown under very stressful conditions, and the potential for domestic violence to increase. I am privileged to be in a safe household, but it was very worrying thinking of families where this was not the case and how they could be identified and supported.”

Clinical psychologist, Canterbury

## The Auckland lockdowns | Ngā noho rāhui i Tāmaki Makaurau

Only a very small number of people wrote about the Auckland lockdowns in a positive way. These people felt the Auckland lockdowns were a challenge, but considered them important and necessary. Others were grateful for the protections that lockdown offered the region or described having an overall positive experience in lockdown.

People based in other parts of the country also expressed their appreciation for the freedom that the localised lockdowns allowed them and acknowledged the sacrifice Aucklanders made.

“I feel gratitude to the Aucklanders who endured longer periods of lockdown, which gave more freedom to the rest of us.”

65–74-year-old Pākehā female, Waikato

However, many more people were critical of the Auckland lockdowns. These people felt that the region was locked down for too long, and that it suffered significant social and economic impacts as a result.

People often talked about the mental health impacts of the extended lockdowns, especially on children and older people.

Aucklanders reported finding it difficult not knowing how long the lockdowns would last, and feeling disconnected from the rest of the country.



“The extended lockdowns in Auckland were particularly crippling (on so many levels) and the “will they? won't they?” of watching the daily broadcasts to see whether we might be allowed to leave our homes (Alert Level 4) was distressing and farcical.”

35–44-year-old Pākehā male from Auckland

“The lockdowns were not easy for us. The isolation and anxiety took a toll physically, emotionally and socially. We live and work in the Auckland CBD, in close proximity to several MIQ sites and testing stations, and in the vicinity of numerous positive-case hot spots. Unlike some parts of the country where life continued relatively unaffected for long periods, residents of Central Auckland never had the luxury of pretending nothing out of the ordinary was happening. The pandemic was never something we could ignore, and the risk of COVID-19 always felt very real and present. The details of how our lives were impacted were fairly typical. Suffice it to say almost no aspect of our daily lives was unaffected. Difficult as it was, I firmly believe it was worth it.”

45–54-year-old essential worker, Auckland

Some told us how Northland became cut off from the rest of the country by the Auckland-Northland border and reported feeling forgotten or overlooked during this time.

“The Auckland lockdowns were a bit more of a problem for us in the North as it cut us off from the rest of the country. My partner’s mother was dying during this period, and it was not possible to go and see her. However, while there was no vaccine available this was also the right thing to do in my opinion.”

65–74-year-old Pākehā male, Northland



## Enforcing the rules | Te whakaū i ngā ture

Some people felt that lockdown rules weren’t enforced strongly enough. These people commented that this led people to ignore the rules, putting others at risk and potentially extending lockdowns by increasing community spread.

Others, though, told us they thought lockdowns were enforced too strictly, and that the Police abused their power, which made people feel scared or threatened.

“Went for a walk and got arrested. Police were intense at making people [stay] inside.”

Māori New Zealander

## Locking down quickly | Te whakatau noho rāhui tere

People praised the Government’s quick and decisive action in locking down, noting that the same thing should be done in any future pandemic.

“We went into lockdown swiftly and averted a health crisis that would have been catastrophic.”

65–74-year-old female, Hawke’s Bay

Some people, though, felt that Aotearoa New Zealand went into lockdown too slowly, and in future we should lock down faster.

# Restrictions on movement and gatherings | Ngā whakatiki ki te nekeneke me ngā huihuinga

## ✔ What people said worked well | Ko ngā mea i kī te tangata i pai

- International travel restrictions were necessary to save lives and prevent disease spread, even though they were difficult.
- Aotearoa New Zealand's periods of relative normality during the pandemic were highly valued.
- Physical distancing and limits on gatherings and events made people feel safer.

## ↗ What people said didn't work or could be improved | Ko ngā mea i kī te tangata kāore i pai, me pai ake rānei

- International travel restrictions were hard on those with family overseas or with existing travel plans. People with sick or dying loved ones were particularly affected.
- Aotearoa New Zealand citizens based overseas were especially impacted by the restricted border, and many faced significant challenges returning home.
- Regional restrictions were inflexible and prevented people travelling for important reasons.
- Physical distancing and limits on gatherings and events were unnecessary.

## 💡 What people suggested for the future | Ngā mea i whakatakotoria mai mō muri ake

- In any future pandemics, restrict border access into Aotearoa New Zealand quickly.
- Implement a more flexible system for allowing people into the country (and travel within the country), which allows for people's individual circumstances.

## International travel restrictions | Ngā whakatiki ki te hāereere ki tāwāhi

Some people agreed that closing Aotearoa New Zealand's international border to visitors was a necessary step to protect the country from COVID-19.

Some praised how this was done, while others suggested that if another pandemic occurs, the border should be closed even faster.

People who told us they supported border restrictions said they helped give Aotearoa New Zealand a period of normalcy while the rest of the world was struggling.

**“The closing of the border I thought gave us an extra two years of normalcy, which was only shared by Australia.”**

75–84-year-old Pākehā female,  
Wellington



**“ While banning direct traveller entry was very inconvenient for some, it was a measure that reduced the spread from overseas sources.”**

85+ Pākehā male, Wellington

Others stated that international travel restrictions had too much of an impact. New Zealanders based overseas, or with overseas family, people with travel plans that got disrupted, and, above all, those who needed to travel to be with seriously unwell or dying loved ones, or attend funerals or tangi, were the groups people often talked about.

**“ During the pandemic, a loved one was diagnosed with cancer. I knew that if I left where I was, I might not be able to get back. In the end, my loved one passed away and I wasn't able to go and say goodbye.”**

35–44-year-old Pākehā female living  
in Australia during the pandemic

Many New Zealanders based overseas told us of their struggle to be able to return, often because they couldn't secure a spot in MIQ. People said that citizens should never be 'locked out' of their home country, and sometimes added that residents should have been allowed to come home while borders were closed to non-citizens. People who struggled to return also told us of feeling alienated or excluded from Aotearoa New Zealand's response (for more on MIQ see pages 40–42).

**“ Closing the border was initially appropriate. As an island nation, it was an option we had available to us. This soon became untenable, especially with the lottery of the isolation/quarantine system. We did not see our son who lives overseas for four years because of this.**

It locked people out of the country, and caused them to lose homes and jobs. This really was unacceptable.”

55–64-year-old female, Waikato

Seafarers from Aotearoa New Zealand told us about the difficulties they faced getting back into the country, and the impact this had on their mental health, and their ability to support themselves and their families. People suggested 'blue corridors' should have been set up as part of the country's border management strategy, so that Aotearoa New Zealand seafarers could fulfil offshore contracts and international seafarers could pass through Aotearoa New Zealand.

“ I personally spent months away from my family because I was unable to return and when I finally did return, I was told that I would not be able to leave. When the borders finally reopened, I had less than \$1,000 left in my bank account. I was unable to receive any financial assistance from the Government in the form of COVID-19 grants, because my income has been earned overseas for the last 15 years, meaning I spent seven months burning through all of my savings.”

35–44-year-old male seafarer, Auckland

## Regional travel restrictions | Ngā whakatiki ki te hāereere ki ngā rohe

People told us that regional travel restrictions stopped them from being able to travel within Aotearoa New Zealand for important events like funerals or births, and that rules were not flexible enough to account for people’s unique circumstances.

“ As my sister, who was unable to travel from Hawke’s Bay due to the lockdown restrictions, and I grappled with the agony of separation, my father passed away alone. The burden of arranging his affairs fell solely on my shoulders, amplifying the sense of helplessness and regret.

While I understand the necessity of precautions during the pandemic, the enduring trauma of not being able to offer solace to a loved one outweighs any perceived safety benefit.”

45–54-year-old Pākehā female, Auckland

“ Travel restrictions during lockdown significantly impacted my family. My dad, working beyond retirement age, found himself in Otago when the lockdown began. He faced a tough decision: stay indefinitely or attempt to return to Auckland.

Returning posed challenges, but despite this, he managed to reach Christchurch and find help to leave his car and work belongings. It took considerable effort, compounded by the demands of my own job, which intensified due to lockdown disruptions.”

25–34-year-old Pākehā male, Auckland

## Physical distancing and limiting capacity | Te noho tawhiti me te whakaiti i te tokomaha tāngata

Some people felt that physical (or social) distancing and limiting capacity in indoor spaces kept people safe.

Others told us they felt that physical distancing and capacity limits on events and gatherings were unnecessary. They thought these limits didn’t do much in terms of protection, but did inconvenience a lot of people – stopping them from being able to socialise, celebrate or mourn with friends and loved ones.

# Managed Isolation and Quarantine (MIQ) | Wāhi Noho me te Whakanōhanga Taratahi a te Kāwanatanga (MIQ)

## ✔ What people said worked well | Ko ngā mea i kī te tangata i pai

- While challenging at times, MIQ was necessary and helped to protect Aotearoa New Zealand from COVID-19.
- MIQ was managed as well as it could have been at the time.

## ↗ What people said didn't work or could be improved | Ko ngā mea i kī te tangata kāore i pai, me pai ake rānei

- The MIQ lottery system was a problematic and often distressing way to manage people returning to Aotearoa New Zealand, with no flexibility for individual circumstances.
- MIQ could be an isolating and stressful experience, particularly for those with young children.
- Preferential access to MIQ for people with influence, such as performers and sports people, was unfair.

## 💡 What people suggested for the future | Ngā mea i whakatakotoria mai mō muri ake

- People should be allowed to isolate at home.
- MIQ allocations should be fairer and consider individual circumstances.

Managed Isolation and Quarantine (MIQ) was a common topic raised by submitters.

Some people felt MIQ was an important and worthwhile programme that helped keep Aotearoa New Zealand safe from COVID-19, by limiting its spread from people arriving from overseas. Many of the people who supported MIQ acknowledged the system had its flaws and challenges but felt that overall, it was necessary.

“ I moved from the United Kingdom to New Zealand in 2016. All of my family, bar my wife, still live in the UK.

We travelled back to the UK in October 2020. My wife worked in the national health service (NHS) there, which was desperately short of staff. We returned to New Zealand in early December and went through MIQ. However, just before we left the UK, my father and his wife both caught COVID-19. His condition deteriorated quickly and he was moved to intensive care; he died whilst we were in MIQ in New Zealand.

I would have liked more flexibility to move my MIQ date as I would have remained in the UK for longer with my father, but MIQ wasn't designed for my benefit, it was designed for the country's benefit and therefore I have no complaints.

Unfortunately, I wasn't able to attend my father's funeral, the UK were in a third wave, and it wouldn't have been responsible to travel and bring COVID-19 into MIQ, or the wider community.

You only get one chance to attend a funeral, and the fact that I couldn't is hard to accept, but equally totally appropriate as my needs are not greater than the country's needs.”

45–54-year-old Pākehā male

## MIQ allocation | Te tuku tāngata ki te MIQ

The main problem people identified regarding MIQ was the way rooms were allocated. People felt that the 'lottery system' was unfair, cruel and distressing for people wanting to return to Aotearoa New Zealand. They also thought the system lacked flexibility for people's individual circumstances, particularly with flight cancellations happening often.

Some people also criticised what they perceived as preferential treatment given to celebrities, film crews, sportspeople and other influential people, who they said seemed to be able to enter Aotearoa New Zealand without having to take part in the MIQ lottery.

People also expressed frustration that MIQ spots could be reserved for holidays or business trips, when they felt that other people had a greater need to return home but were unable to. People suggested a different system, which prioritised people needing to travel for important events like funerals, or to visit sick or dying loved ones, receive medical treatment or give birth, or to be with family should have been used, instead of the lottery system.



“The experience of logging on with your passport number and then waiting for the jackpot initially brought hope, but that hope quickly turned to despair and disappointment. I came to loathe my home country. Why should citizens have to compete to come home? Why should we be separated from family? How dare the Government stop us seeing our new grandchild? The whole sorry MIQ operation was a disaster.”

65–74-year-old female, Otago

## MIQ experiences | Ngā wheako MIQ

People sometimes shared their positive experiences of MIQ facilities and staff.

More people, though, shared their negative experiences of MIQ. People told us they felt like 'prisoners' or 'criminals' while in MIQ, especially because of limited time outside. Issues with MIQ rooms, food, and communications from MIQ staff were raised.

People also discussed how MIQ impacted their mental health, with people feeling isolated and alone. Some told us about how MIQ was especially challenging for families with young children. COVID-19 testing and having limited outside time were particularly difficult for young children and their caregivers.

“ Our children were not allowed to take a toy car to the exercise area because 'it could spread COVID'. We were confined to a room with two children, and it took huge mental energy to get through the week. It was traumatic for all of us and it felt like we were treated like prisoners.”

35–44-year-old Pākehā female

“ Our two-week stay in MIQ with two young children was tough. The staff were universally wonderful and did their best, but being cooped up in a hotel room took a toll on our family. We observed behaviour from our children that we had never seen before. They argued and bickered about everything. We were very relieved to leave.”

55–64-year-old male

## The cost of MIQ | Te utu o te MIQ

Another aspect of MIQ that people criticised was its cost. Some people felt MIQ was too expensive, so they couldn't come home easily even if they did get a spot.

Others mentioned abuse of the MIQ system and of people refusing to pay the fees. They suggested MIQ facilities should have required payment (or at least credit card details) before checkout, or that it should have been pre-paid.

Many people told us they felt that MIQ cost Aotearoa New Zealand taxpayers too much.



## ✔ What people said worked well | Ko ngā mea i kī te tangata i pai

- COVID-19 restrictions reduced the impact of high morbidity rates on the health system, meaning that people could continue to access medical care throughout the pandemic.
- Being able to have a GP appointment online or over the phone made access to healthcare easier.
- Access to antiviral medication for COVID-19 was valued.

## ↗ What people said didn't work or could be improved | Ko ngā mea i kī te tangata kāore i pai, me pai ake rānei

- Access to GPs was impacted by restrictions leading to appointment delays, and phone appointments were in many cases inadequate.
- Hospital-based care was impacted due to lengthy wait times and closures in preparation for COVID-19 cases.
- Access to healthcare was impacted by an over-prioritisation of COVID-19 compared to other health issues.
- Delays in accessing healthcare during the pandemic has had knock-on effects that are still ongoing.

## 💡 What people suggested for the future | Ngā mea i whakatakotoria mai mō muri ake

- Antivirals should be easily accessible for anyone who needs them, regardless of age or ethnicity.
- Screening and treatment for diseases like cancer should always continue without disruption.

Some people told us their access to healthcare continued throughout the pandemic, and attributed that to Aotearoa New Zealand managing to avoid the large scale COVID-19 outbreaks and fatalities seen overseas.

More people, though, told us about being unable to access the healthcare they needed during the pandemic, particularly during lockdowns.

## Hospital-based care | Ngā manaaki hauora i te hōhipera

People reported issues regarding hospital and emergency department care during the pandemic. This included experiencing inadequate care, long wait times, and being discharged before they considered they had been properly treated or cared for.

“Shutting down hospitals ‘in case’ it was needed for COVID-19 cases is not ok. Our local hospital was dead!! They had very few patients, minimal outpatient clinics, and huge waiting lists. In the initial lockdown we had NO COVID-19 patients. People are now waiting months and months longer for appointments that should have happened a long time ago. Three years down the track and we are still in a shambles.”

55–64-year-old female, Bay of Plenty



## Cancer care | Ngā manaaki mate pukupuku

People reported delays in cancer diagnosis or treatment during the pandemic, stating that this led to faster deterioration in health for cancer patients. They commented that they considered the health system was too focused on COVID-19 during this time, and that cancer treatment and screening should have continued as normal.

“ My mother-in-law who had seen her GP prior to lockdown...was referred to the hospital for a colonoscopy. The hospital put a freeze on all their outpatient clinics. By the time they got around to clearing the back log, my mother-in-law had Stage 3 bowel cancer. Sadly, she is no longer with us and I firmly believe that had she been seen sooner she would still be with us.”

55–64 year-old female,  
Manawatū-Whanganui

## General practice | Ngā Whare Rata

Some people told us they found it hard to get an appointment with their GP, both during the pandemic and after. They often blamed the overwhelmed health system, cost, or GP closures that resulted in backlogs and waitlists.

People described how the pandemic response prevented them or others from accessing appropriate treatment for standard symptoms. They reported being unable to see a GP if they had flu-like symptoms or being told to go home if they weren't well.

Some people thought COVID-19 antiviral medications should have been easier to access. Some people also felt the criteria for being prescribed this medication were too strict or discriminatory, and that it should have been accessible for everyone.

“ An urgent scan for probable breast cancer (I had delayed official diagnosing for 2 years) was made for March 24<sup>th</sup>... but then all non-urgent investigations, operations and outpatient appointments were cancelled for those aged over 70 years! (I was a healthy 80-year-old.)

I was unable to have the scan until the end of July, and had the operation I had expected/wanted two weeks later. Fortunately, my cancer was ‘indolent’, not a worry re distant spread. But if it had been aggressive, then that delay might have been fatal.”

75–84-year-old female, Wellington

## Pregnancy and postnatal care | Ngā manaaki hapūtanga me te whānautanga

People described various stages of pregnancy and childbirth being impacted by the COVID-19 pandemic. People told us about the anxiety they felt about having to face giving birth without their partners or support people there with them. Others discussed not being able to continue IVF treatments, having difficulty finding a midwife, not receiving the usual check-ups, and not being properly supported through traumatic birth or postnatal depression.

“I fell pregnant in early 2020, giving birth later that year. I missed out on the usual number of checks, and much of the pregnancy was left up to me.

This was my third child and I'm a health professional with a good understanding of what to look out for, which helped. Had I not had that background, I would have found this extremely scary, as many women did. Even with my knowledge, it was very unsettling having so few basic checks and the possibility of issues being missed, or not being able to birth on my own terms due to government mandates and restrictions.”

35–44-year-old Pākehā female

“My son was born in April 2020, during the first lockdown. I had an emergency c-section after a day of labouring at home. After the surgery my husband was told to leave the hospital as soon as I was to be moved to the ward. He couldn't stay, despite having been there for the birth and labour. I was unable to walk yet, and both my midwife and husband were gone, so I had no support.”

18–24-year-old Pākehā female

## Disability support services | Ngā ratonga tautoko hauā

Disabled people and their families described a shortage of carers, or difficulty accessing disability support services during the pandemic. Some people told us they became full-time carers for disabled partners or family members, which added a lot of pressure and stress.

“Our son has both high medical, intellectual disability and autism [...] We are supported to care for our son using a system called Individualised Funding (IF). Under this system we employ our own staff to care for our son in our home, as he requires 24/7 awake care. Part of his care is done by care workers and the rest is done by family.

[...] We had trouble maintaining a team of carers – under the IF system, we don't have back-up teams to fill in when someone is sick. This meant each time a carer was unable to come to work due to isolation, it was up to us as family to care for our son. This was on top of the job my husband continued to work fulltime during the day on. There are 168 hours per week to cover when your child doesn't attend school, and at times we had to cover around 120 hours between us, on top of my husband continuing his job. As I worked in retail I was covered to be paid while staying home – but my normal hours and pay were only 20 hours anyway.

We had no access to assistance and had to stay awake during those times which was unmanageable and not safe.”

55–64-year-old Pākehā female,  
Auckland



## ✔ What people said worked well | Ko ngā mea i kī te tangata i pai

- Facemasks were an easy and effective measure to stop transmission and help people feel safe.
- Restrictions gave the health system time to prepare, and it responded well to outbreaks.
- COVID-19 testing was free and easy to access.
- Contact tracing was effective, and it was easy to use the NZ COVID Tracer app.
- Essential workers, including frontline health workers, played a significant role in the response and helped keep Aotearoa New Zealand functioning.

## ⤴ What people said didn't work or could be improved | Ko ngā mea i kī te tangata kāore i pai, me pai ake rānei

- Facemasks didn't prevent transmission of COVID-19 and should not have been mandated.
- Restrictions were removed too quickly and too suddenly, given that COVID-19 was still in the community.
- The health system was not prepared for a global pandemic: it was, and still is, over-stretched and under-resourced.
- A range of alternative measures, including promoting healthy lifestyle choices, improving ventilation and air quality in public spaces, and more widely accessible antiviral medication, could have been implemented as part of the response.
- COVID-19 testing was poorly managed and difficult for some to access.
- Contact tracing was viewed as a violation of privacy or form of surveillance by some.
- Frontline health workers experienced stressful working conditions within an underprepared and under-resourced health system.

## 💡 What people suggested for the future | Ngā mea i whakatakotoria mai mō muri ake

- Messaging around facemasks needs to be clear and consistent.
- Ventilation in indoor spaces should be addressed to improve air quality and reduce transmission of airborne diseases.
- Essential workers, especially health workers, should be better supported.
- Aotearoa New Zealand needs to invest more into the health system and create a comprehensive pandemic plan.

## Facemasks | Ngā ārai kanohi

People told us they felt that facemasks were an easy, effective measure to stop the transmission of COVID-19. Some also commented that mask mandates were necessary and provided a sense of safety in the community.

Some people who supported mask use during the pandemic went further, suggesting that masks should be used to stop the transmission of other illnesses and be more normalised.

“ I have always been glad for the mask mandate, and when it stopped I became much more fearful for my health. (This is also as a person who finds masks quite uncomfortable and gets quite bad mask acne.)

It's a small price to pay for safety, for not risking myself and, most importantly, for not being a risk to others.”

25–34-year-old gender diverse person, Wellington

On the other hand, some people told the Inquiry that they felt that masks did not stop the transmission of COVID-19, or didn't wear one because they felt it wasn't necessary to try and stop transmission at all. Some went further to say that they felt facemasks were socially, mentally and/or physically harmful.

“ Masking does not work. Do not mask.”

45–54-year-old female, Marlborough

“ I wore a mask for zero days. Ever. Because I didn't believe what they were telling me about it. Because I knew it was not a deadly disease for most people at all. It was a bad cold. And I did get it. Sniffles for a couple of days and done. I haven't had it since.”

No demographic information provided

Others felt that messaging around masks was confusing, and that rules were inconsistent.

## Preparedness of the health system | Te takatū o te pūnaha hauora

Some people noted that pandemic restrictions gave Aotearoa New Zealand's health system time to prepare and respond to COVID-19 outbreaks.

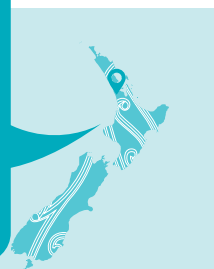
More people though, felt our health system was already stretched and was not well prepared to cope with the pandemic.

They said the health system should receive more funding and resources to improve things and help prepare the country for a possible future pandemic.

In particular, people expressed their concerns about staffing levels, suggesting that incentives should be used to attract more doctors and nurses to Aotearoa New Zealand.

“I think we had been complacent, our facilities weren’t ready for isolating large numbers of sick patients, and we scrambled to catch up. Future planning for the healthcare system, especially in Auckland with a growing/aging population, needs to have flexibility and resilience integrated into decision-making.”

45–54-year-old Pākehā male, Auckland



Some people also expressed their concerns that Aotearoa New Zealand had a pandemic plan in place before COVID-19, but that this was ignored.

### Other health measures | Ētahi atu whakaritenga hauora

People told us that good lifestyle choices around diet, exercise and sleep can be used to help improve health and wellbeing. They suggested that healthy living should be promoted more to raise the overall health of New Zealanders.

Others felt that improving ventilation and air quality in public spaces should be prioritised to prevent the transmission of airborne illnesses.

Some people felt that these sorts of preventive measures could be used instead of relying on things like lockdowns and vaccinations.

People told us they felt Aotearoa New Zealand relied too heavily on vaccines, seeing them as a sort of ‘silver bullet’ that would end the pandemic.

Some people criticised the Government’s ban on importing unapproved medicines that purported to treat COVID-19.

Others said that people’s natural immunity should have been considered more, including the protection people got after being infected with COVID-19.

### Testing and contact tracing | Te whakamātautau me te whaiwhai i te pātanga

People said they liked that COVID-19 tests were free and easy to access. They thought free rapid antigen tests (RATs) should continue to be available to slow or prevent future outbreaks.

Some also commented that contact tracing during the pandemic was handled well, and that the NZ COVID Tracer app was easy to use.

“ The care and effort that went into the COVID-19 tracker app and all the things that helped keep us safe for so long was something I hugely appreciated, being someone who is chronically ill.”

35–44-year-old, living with a chronic illness

Others felt that contact tracing was a violation of privacy and a form of government control or surveillance.

Some also said that COVID-19 testing was badly managed, and that tests were hard for some people to access. People also told us that tests were very unpleasant and invasive.

“ I had an operation during the last lockdown and I feel that getting the COVID-19 test was expensive and hard to access.”

45–54 year old Pākehā female, Auckland

“ COVID-19 testing early in the pandemic had low capacity and the turnaround time was far too long for decisions to be made in a relevant timeframe.”

45–54-year-old doctor, Hawke’s Bay

Some people commented that they thought polymerase chain reaction (PCR) tests didn’t work, and that they were known to give false positive results.

## **Praise for essential workers | Te whakanui i ngā kaimahi waiwai**

Some people highlighted the fact that essential workers played an important role in the pandemic by keeping Aotearoa New Zealand functioning. They felt the sacrifices of essential workers should be acknowledged. In particular, people said that health workers are vital and should be better supported.

People commented that better pay, more support and appreciation, and better working conditions are needed for essential workers.

“ We need to be more grateful and supportive to essential workers. Higher pay and status with extra training for situations that will reoccur.”

55–64-year-old, living with a chronic illness

## **Mandates | Ngā mana**

Some people discussed ‘mandates’ without specifying what type of mandate they were referring to.

Some people felt mandates were necessary to ensure people followed health measures, or that they helped people feel safer and more protected.

Others felt mandates were wrong. They told us mandates breached human rights and created division. These people often said mandates should not be used again.

Vaccine mandates are discussed on pages 56 to 59.

## **Following the rules | Te whai i ngā ture**

Some people told us they felt that those who didn’t follow public health measures put in place during the pandemic put others at risk.

Meanwhile, others felt that it was sometimes acceptable to break these rules. These people said COVID-19 restrictions were often very severe, so people broke the rules in order to cope.

We heard that frontline workers experienced challenges enforcing public health measures, and people told us that they should be supported to do so safely in future.

Others felt that health measures should be enforced more effectively and fairly.

## Non-vaccine related exemptions | Ngā aweretanga kore-kano ārai mate

People expressed support for facemask and travel exemptions, noting that these were needed and worked well.

However, some people who had facemask exemptions reported facing discrimination or judgement from wider society.

“ I have anxiety and don't enjoy going out in society anyway. I was legally exempt from wearing a mask, yet I was harassed by random people, staff and police, and threatened to be trespassed for not complying with mask policy. They didn't even follow the law.”

25–34-year-old male

Meanwhile, others said that facemask exemptions were sometimes taken advantage of by those who did not need them, which reflected poorly on those with genuine reasons.

“ Mask exemptions must be medically verified, as many people just applied for one because they didn't want to wear [a mask].”

55–64-year-old female

## Self-isolating | Te noho taratahi i te kāinga

Some people said they felt well supported to self-isolate at home when they were sick with COVID-19. Telephone check-ins, care packages, antiviral medication, and medical advice all made the experience of having COVID-19 and needing to self-isolate easier for people.

People told us they supported compulsory isolation for those who were sick and considered that to be important in a pandemic.

Others shared different experiences, telling us about how they were not followed up with or supported by the healthcare system when infected.



## Impacts on the health system and workforce | Ngā pānga ki te pūnaha hauora me te ohu mahi

People noted that they thought the Government's pandemic measures saved lives and reduced the potential impact on the health system.

In particular, things like lockdowns and the vaccination programme were said to have helped ease initial anxieties felt by health workers.

“I work in health administration. It was terrifying, we didn't know what the future held for us all. I honestly felt relief when we were told we were locking down. I seriously thought we were in safe hands with a government that cared about the people over money.”

55–64-year-old essential health worker, Otago

Some people felt that good health workers unfairly lost their jobs due to the vaccine mandates, which left people in difficult personal situations, and worsened existing staffing problems in the healthcare sector.

People also told us about how frontline health workers experienced stressful working conditions within an underprepared and under-resourced health system.



“There was the frustration of not having enough nurses, doctors, PPE, and the halt on allowing people into the country (especially those who could come and help). This has had a knock-on effect long after the pandemic, which has taken its toll on the industry. But, having seen the loss of lives overseas, it can be looked at differently now we are reflecting.”

55–64-year-old female, Waikato

Some people said government communication was not properly targeted towards health providers and was sometimes misleading, particularly messaging about personal protective equipment (PPE) availability and testing capacity.

People told us the health system needs to be better resourced, or better prepared for a future pandemic.

## ✔ What people said worked well | Ko ngā mea i kī te tangata i pai

- The Government did a good job obtaining a vaccine quickly.
- The Government observed which vaccine was the safest and most effective by watching the rollout overseas, so it could choose the best one available.
- People were grateful for COVID-19 vaccinations, which were free and easy to get.
- Vaccines helped to protect vulnerable people.
- Vaccine passes were appreciated and helped people feel safe.

## ↗ What people said didn't work or could be improved | Ko ngā mea i kī te tangata kāore i pai, me pai ake rānei

- Vaccines were rolled out too slowly.
- Access to the vaccine was more difficult for some, and more people should have had earlier, better access to vaccination.
- Incentives to get vaccinated, such as vouchers or food, were manipulative and exploitative.
- Some people felt they couldn't give informed consent because there wasn't enough information about vaccine side effects and what the vaccine was made of.
- Some vaccinators weren't properly trained or informed.
- Government communications about the safety of the vaccine and how well it worked were considered propaganda by some.
- Vaccine passes breached people's privacy and promoted discrimination towards unvaccinated people.

## 💡 What people suggested for the future | Ngā mea i whakatakotoria mai mō muri ake

- More people would be willing to get vaccinated if there was better education and messaging about vaccinations.
- Incentives could be used more to encourage people to get vaccinated.
- In future, the Government should be proactive and ensure Aotearoa New Zealand gets earlier access to vaccines.
- Access to places and activities should never be prevented through vaccine passes.

## Vaccine rollout | Te hōrapa i te kano ārai mate

Some people told us they considered that COVID-19 vaccines helped to protect vulnerable people. These people were grateful a vaccine was available, and often agreed with vaccine mandates because they helped achieve a high vaccination rate.

“That we were able to get most of our population vaccinated before COVID-19 took hold in New Zealand means that we have never felt the worst effects of the pandemic. Despite COVID-19 being now prevalent in New Zealand...our deaths from COVID-19 continue to be much, much lower than had we taken a different approach.”

Southeast Asian/Chinese male, Auckland

Some people praised the fact that vaccines were available for free and were easy for people to get or spoke positively about the vaccine rollout more generally.

“I believe that the vaccination rollout, from a standstill, was an impressive feat; clearly we learnt as we progressed along the way.”

45–54 year-old male, Canterbury

More people, though, expressed concerns about the way the vaccine rollout was handled.

They criticised how some groups were offered incentives like vouchers or food to get vaccinated. They felt this was manipulative or unfair.

Others criticised the speed of the vaccine rollout, noting that more people should have been able to get vaccinated sooner. People also told us that access to the vaccine was more difficult for some, depending on various factors like their age, ethnicity, where they lived, or whether they could actually get to a vaccine centre due to work commitments or transport issues.

Some people felt that vaccinators administering the vaccine weren't always properly trained or informed.

## Vaccine procurement | Te whai kano ārai mate

Some people commended the New Zealand Government for letting other countries get the vaccine first. They commented that this helped countries facing worse situations, and allowed decision-makers here a useful opportunity to observe the vaccine rollout overseas. Some also felt that, as long as it isn't urgent, the Government should apply this wait-and-see approach in any future pandemics.

People also praised the Government for taking a bit more time than other countries to choose the best COVID-19 vaccine.

People who felt the Government did a good job of securing the vaccine felt it was obtained quickly enough, and the same approach should be taken in the future.

Others felt that the Government took too long to get access to a vaccine compared to other countries, and this slowed down the rollout.

People also told us that in any future pandemic, the Government should be more proactive and ensure Aotearoa New Zealand gets earlier access to vaccines.

## Vaccine communication | Te whakaputa kōrero me ngā mōhiohio mō te kano ārai mate

People told us they felt that the way the vaccine was promoted was harmful, often calling it propaganda or noting that it was based on fear or guilt. Some felt that messaging exaggerated the safety of the vaccine, or how well it worked.

Some people criticised the lack of information available about the vaccine's side effects or what it was made of, stating that people did not have enough information to give informed consent.

“ My GP couldn't/wouldn't tell me what was in the vaccine, or elaborate on possible side effects, he just kept saying 'safe and effective' – so I couldn't give informed consent or get an exemption.”

45–54-year-old male, Canterbury

## Vaccine passes | Ngā uruwhenua kano ārai mate

Some people felt vaccine passes were effective and made people feel safer, commenting that a similar system should be used in any future pandemics.

Far more people spoke about issues with the vaccine pass system, stating it was unnecessary, as the vaccine alone should have protected people from COVID-19, or

that vaccine passes promoted discrimination towards unvaccinated people.

Others said vaccine passes breached people's privacy, often noting they were uncomfortable with others knowing their private medical information.

“ People's medical information should be private. Even during a pandemic, we should be able to keep our privacy.”

35–44-year-old male, Waikato

Some people simply stated that people should never be stopped from accessing places and services based on their vaccination status.

## Vaccine hesitancy | Te matawaenga ki te kano ārai mate

Some people who had existing health issues, or who had reacted badly to other vaccinations in the past, told us of their hesitancy to receive a COVID-19 vaccine. These people often described feeling forced or ignored by the medical profession and their employers, who they said dismissed their concerns and insisted that they be vaccinated. In some cases, these people said they did get vaccinated due to the pressure they faced, but in many cases they did not. Those who chose not to get vaccinated often told us about how they were treated badly because of this decision.

Most people who told us they had concerns about COVID-19 vaccines also told us they disagreed with vaccine mandates. Some stated that young and healthy people shouldn't have been mandated because of the low risk of COVID-19 to this group, and the higher risk of experiencing myocarditis or other heart-related side effects from the vaccine.



## ✔ What people said worked well | Ko ngā mea i kī te tangata i pai

- Vaccine mandates were necessary and beneficial, and increased vaccination rates.
- Vaccine mandates protected vulnerable people, including people with pre-existing health conditions or who were immunocompromised.
- Vaccine mandates made people feel safer, particularly in their workplaces and other spaces outside their home.

## ↻ What people said didn't work or could be improved | Ko ngā mea i kī te tangata kāore i pai, me pai ake rānei

- Vaccine mandates caused social divisions and excluded unvaccinated people from society.
- Vaccine mandates went against people's human rights and people were coerced, pressured, or forced to get vaccinated.
- Job losses because of vaccine mandates were cruel and caused mental health issues and financial hardship.
- The criteria for vaccine exemptions were too strict and GPs should have been able to grant exemptions.
- Doctors were pressured to administer and recommend COVID-19 vaccines.
- Some unvaccinated people had difficulty accessing healthcare due to their vaccine status.
- Children should not have been mandated, especially because they are less likely to be harmed by COVID-19.
- Unvaccinated children were excluded from things like sports and school activities, and their mental health was impacted.
- The Government changed its initial commitment not to introduce vaccine mandates.
- Unvaccinated people experienced significant economic, health and social consequences due to vaccine-related restrictions and mandates. In some cases, this was reported to have led to mental health impacts, substance abuse, or stress induced health problems.

## 💡 What people suggested for the future | Ngā mea i whakatakotoria mai mō muri ake

- Vaccine mandates are appropriate and should be used again in any future pandemics.
- Vaccine mandates should be more flexible and unvaccinated people should be better supported.
- Vaccine mandates should not be used in a future pandemic: they cause social divisions and can have significant impacts on people who cannot (or choose not to) be vaccinated.

Some people acknowledged that while vaccine mandates were difficult for some, overall, they were necessary or beneficial.

“While some aspects of the vaccine mandates have been deemed unlawful, I firmly believe they were necessary and the right thing to do, particularly given the overwhelming amount of disinformation being pushed on social media.”

Māori/Pākehā female, Southland

“The vaccine mandate really upset some people, but I don’t think it would have been taken up as successfully otherwise.”

18–24-year-old, living in Auckland during the pandemic

Many people, though, told us they disagreed with vaccine mandates. Some did not go into much detail about why, but others provided the following reasons:

## Social divisions | Ngā wehenga pāpori

People told us that vaccine mandates caused significant social divisions and excluded unvaccinated people from society.

Some people commented that vaccine mandates were unnecessary because they thought COVID-19 vaccines simply didn’t work, stating that both vaccinated and unvaccinated people can catch and spread COVID-19. These people often added that the division and social problems that vaccine mandates caused were therefore pointless.

People shared their experiences of friendships or family relationships being damaged and often described feeling rejected or hated, or like a second-class citizen, as an unvaccinated person.



“I was treated like a leper. I was alienated by friends. I lost my job, I wasn’t allowed to have my hair done. I couldn’t eat inside a restaurant. I lost out on visiting my family.”

45–54-year-old African, Auckland

## A breach of human rights | Te takahi i ngā tika tangata

Some people felt vaccines should be a voluntary medical treatment and never be mandated. They stated that vaccine mandates went against people’s human rights, or that people were coerced, pressured, or forced to get vaccinated – often based on the threat of losing their job and income if they didn’t.

“What happened was a breach of the New Zealand Bill of Rights. The Government should never have such control over the population. People were quite capable of making up their own minds about what medical treatment to take. If I saw the need to be vaccinated, I would have done so.”

55–64-year-old female, Bay of Plenty

Some people who described themselves as generally pro-vaccine told us they disagreed with mandated COVID-19 vaccinations.

People questioned the lawfulness of various aspects of the COVID-19 response, particularly the vaccine mandates.

An initial commitment from the Government that vaccines would not be mandated was often raised, with people expressing their frustration that this position changed.

## Employment and financial hardship | Te whai mahi me te tino rawakore

People told us they didn't agree with people losing their jobs because of vaccine mandates, noting that this caused mental health issues and financial hardship. We heard many personal accounts of people who lost their jobs because they did not get vaccinated.

“ My wife lost her job as a care worker that put financial stress and caused mental anxiety to my family.”

Pākehā male, Manawatū-Whanganui

“ This rollout, and my decision to wait until clinical trials were complete, cost me my job and my career and I did not find work for over a year. Now I work for less than half my former hourly rate, only 20 hours per week and financially struggle.”

65–74-year-old female, Waikato

“ Due to the vaccine mandates forcing unwanted medical ‘treatment’, I was fired, lost my home, broke up with my partner and have been estranged from my children. This has not been resolved...”

25–34-year-old male, living in Bay of Plenty during the pandemic

Some people discussed the pressures put on businesses and employers who had to enforce the mandates, while others wanted to see compensation for those who lost their jobs.

“ I don't think people should have lost their jobs. People on the ground were the ones that had to deal with mandate decisions. Caused lots of anxiety and stress.”

No demographic information provided

## Difficulty receiving exemptions | Te uaua o te whiwhi aweretanga

People also criticised the way vaccine exemptions were handled, stating the criteria were too strict, or that GPs should have been able to grant exemptions.



## Limited access to healthcare | Te whāiti o te āhei atu ki ngā ratonga hauora

Some people described difficulties accessing healthcare due to their vaccine status, including being turned away from doctors or being made to have consultations online, over the phone or, in some cases, in parking lots.

“At the time I required a serious operation to reattach torn tendons but was denied treatment at some places, forced to visit doctors in their carpark, required to take multiple tests, and refused entry to a hotel after the operation while on crutches.”

45–54-year-old male

## The impacts of being unvaccinated | Ngā pānga o te kore whiwhi werohanga

People shared their personal experiences of being unvaccinated for COVID-19, and how it affected their lives. They described how vaccine-related restrictions excluded them from society, and shared examples of how they were treated poorly.

People often said that this led to stress, anxiety or depression, and told us about the ongoing mental health impacts they've faced, including substance abuse and other health problems caused by stress.



“I personally do not take any medicines with unknown long-term effects. The COVID-19 vaccine was no different. I have been bullied, called names and made to feel dirty, selfish and bad because of my choice. I became a second-class citizen, not allowed to take my children to swimming or dance lessons. I felt blacklisted from society. This has had such a detrimental effect on my mental health, and I have suffered because of it, suicidal thoughts have been at the forefront.”

35–44-year-old female, Canterbury

Other people commented more generally that they felt that vaccine mandates weren't worth the harm they caused to people's mental health.

Some people also commented that children in particular should not have been mandated to take the vaccine. People described how unvaccinated children were excluded from sports and school activities, and how this affected young people's mental health (see page 85).

**The economic  
response and  
impacts on  
businesses |**

**Te urupare ohanga  
me ngā pānga ki  
ngā pakihī**



## 2

# The economic response and impacts on businesses | Te urupare ohanga me ngā pānga ki ngā pakihi

### ✓ What people said worked well | Ko ngā mea i kī te tangata i pai

- Financial supports kept businesses going and gave workers financial security.
- In particular, the Wage Subsidy Scheme reduced financial stress, protected job stability, and encouraged people to stay home from work, which reduced the spread of COVID-19.
- Sick leave for COVID-19 helped stop the spread of the virus.
- Working from home worked well for some and offered a better work-life balance. Some appreciated this continuing after the pandemic.
- Being able to continue to work gave essential workers greater day-to-day structure than others, and COVID-19 protections helped keep them safe.
- Economic and health concerns were well-balanced in the Government's response.
- Steps taken to limit the spread of COVID-19 in supermarkets were appreciated, as were contactless shopping and deliveries, and priority delivery slots for vulnerable people.
- Online tools allowed people to take part in critical activities during the pandemic.
- Being able to shop online made the experience easier.
- Financial support for the tourism industry was important and people appreciated being able to travel within the country with fewer tourists.

## What people said didn't work or could be improved | Ko ngā mea i kī te tangata kāore i pai, me pai ake rānei

- The pandemic caused financial hardship and stress for some. People sold assets and spent their savings to cope and were financially set back.
- The process of applying for financial support was too trusting and lenient, leading to some businesses taking advantage of this support.
- Accessing financial support was stressful and tiring for many individuals. Eligibility criteria were too strict to enable everyone who needed assistance to get it.
- Closing small food businesses reduced competition, caused overcrowding in supermarkets, and meant people had difficulty accessing food.
- The term 'essential service' was not clearly defined or communicated and was often deemed unfair or illogical.
- The economic response led to high debt and cost of living. The benefits of the Government's pandemic response were not worth the economic cost.
- People in low socio-economic positions weren't given support ahead of people in better financial positions and social inequities weren't addressed.
- Panic-buying and stock shortages in supermarkets were exacerbated by not having clear stock level communications or rationing of goods.
- Vulnerable people didn't always receive prioritised food delivery support.
- The Wage Subsidy Scheme was needed but was taken advantage of. It also created too much public debt.
- Technology could have been used better during the pandemic to deliver public services.
- The country's supply chains are insecure and were harmed by the pandemic response.
- The pandemic seriously impacted the tourism sector, with many tourism businesses not surviving.

## What people suggested for the future | Ngā mea i whakatakotoria mai mō muri ake

- Essential workers should be supported in any future pandemic with childcare, vaccine priority, and personal protective equipment (PPE) access.
- Consistent rules for how businesses should operate could ensure fairness. Alternatively, businesses could be better supported to create their own strategies.
- Ensure businesses are told as soon as possible about any financial support available.
- Processes could be improved to make it easier for individuals to apply for financial support from the Government.
- More should be done to reduce the digital divide in Aotearoa New Zealand and ensure people aren't left without access to the Internet during lockdowns.

## The Government's overall economic response | Te urupare ohanga whānui a te Kāwanatanga

Many submitters praised the Government's response for balancing economic and health factors well. People considered that the financial supports provided by the Government to keep businesses afloat and provide workers with financial security during the pandemic were appropriate and necessary.

**“And not only lives were saved. The Government did everything they could to help people survive financially. All those folk (including opposition MPs) who wanted to open back up for business seemed to forget that dead people can't participate in the economy.”**

55–64-year-old female, Auckland



On the other hand, many people were also critical of the Government's economic response and considered that the economy is now suffering as a result, with high levels of debt, a higher cost of living and inflation. People often told us that they thought taxpayer money was wasted, that the process of applying for financial support was too trusting or lenient, or that the amount of money spent will lead to long-term economic consequences.

**“ Billions of dollars in debt and a cost-of-living crisis the country is still struggling with.”**

35–44-year-old male, Auckland

People thought there could have been a better balance between emergency spending and long-term strategies, and that the Government could have been more transparent about its spending.

**“ The money spent on the COVID-19 campaign will cripple New Zealand for generations.”**

45–54-year-old female, Northland

**“ Our economy was destroyed – business forced to shut, irresponsible COVID-19 support spending spree ramped up inflation.”**

25–34-year-old female, Southland

Some people suggested that those in low socio-economic positions should be given support ahead of those who are in better financial positions. They also considered that inequities need to be addressed.

People were also critical of large businesses taking advantage of this financial support by asking for money that they didn't need, or not paying money back.

**“ I would have liked more things in place to stop those businesses and people getting subsidies who could have continued without them. There were lots of people who seemed to benefit who shouldn't have.”**

75–84-year-old female, living in Auckland during the pandemic

While people acknowledged that the Government support for businesses was needed and appreciated, some told us they wished the government had communicated earlier that this would be happening. Business owners stated that they faced difficulties but were still grateful for the support they were given.

## Small businesses and self-employed people | Ngā pakihi iti me te hunga mahi ā-kiri

Submitters praised the Small Business Cashflow Loans scheme for financially supporting small business owners during the pandemic. This scheme meant small businesses didn't have to close because of financial difficulties, could continue to pay employee wages, and were able to keep on top of other financial commitments.

However, others were critical of this scheme. They told us they took out a government loan but faced financial difficulty and pressure when trying to pay it back, especially when the interest-free period of the loan ended.

Submitters, often self-employed people themselves, praised the Government for supporting self-employed people, with some stating that they appreciated how quickly they received support payments.

On the other hand, more self-employed people told us that they faced financial hardship and stress because they struggled to generate enough income. Some added that the financial support from the Government wasn't sufficient, which caused financial stress and led to them closing or selling their businesses.

## Working from home | Te mahi mai i te kāinga

People shared that being able to work from home meant they were more productive and had a better work-life balance. They told us that they appreciated being able to continue to work from home after the pandemic.

“Our workplace had a fundamental shift from reluctantly accepting working from home to completely endorsing it. This has made a monumental change to my lifestyle, as I don't need to be on the road nearly as much, and I have much more time in a shared space with my wife and children.”

45–54-year-old Māori/Pākehā male, Auckland

Others described the challenges they faced while working from home during the pandemic, including balancing work expectations with childcare.

Some suggested that working from home rules need to be clear so that there is understanding of the expectations. Others felt that working from home was necessary, but difficult.

“Working from home was hard as it felt like I was working all the time – there wasn't the work/home split. People thought it was okay to communicate at any time with expectations that you would deal with their issues/queries straight away.”

45–54-year-old Pākehā female, Tairāwhiti

## Other employment and business comments | Ētahi atu kōrero whai mahi me te pakihi

People shared their experiences of job loss during the pandemic (unrelated to vaccine mandates). They told us that they, or someone they know, lost their job and sometimes described how they faced financial hardship because of this.

“ I lost my job in retail three months into the first lockdown. I was luckily able to get the government wage subsidy money and was extremely grateful for this.”

25–34-year-old Māori/Pākehā female, Southland

“ I lost my job as the company I was working for dropped down to skeletal staff. Financially things were very tight and still are as we try to catch up.”

45–54-year-old Pākehā female, Waikato

“Lost my job through the pandemic and I haven't worked since. I think it pushed depression forward and I found it very hard to cope.”

55–64-year-old female, Manawatū-Whanganui



Supportive work environments were praised by employees who noted that this helped their experiences of the pandemic.

People also told us that having additional sick leave for COVID-19 meant they could stay home and recover, which stopped the virus from spreading further.

## Essential services and workers | Ngā ratonga me ngā kaimahi waiwai

Essential workers told us that being able to continue work meant they had greater day-to-day structure, as well as financial and job security. They also stated that they supported COVID-19 public health measures because they helped keep workers safe.

People said they would have supported allowing small food retailers to remain open during lockdowns, to help increase competition and reduce overcrowding at supermarkets. They noted that not allowing small businesses to stay open was unfair, as many of these businesses struggled, while larger businesses with similar products made large profits. It also meant that some people had to go to overcrowded supermarkets or travel further than they usually would to get food.

People suggested that businesses that promoted health should have been allowed to stay open, instead of liquor and fast-food stores.



People also commented that there should be consistent rules for businesses to operate safely, or thought that businesses should be able to create their own strategies to operate safely during a pandemic.

Others suggested that the term 'essential service' needed to be more clearly defined and communicated.

Essential workers, often supermarket staff, shared how they experienced poor behaviour and even abuse from the public while at work.

“ It was scary and weird, I was working in the supermarket as a checkout worker. I was hissed at, spat at, sworn at and completely abused by people who refused to do something as simple as mask up or physical distance. I was a 17-year-old girl being abused every shift by middle aged privileged people who refused to look at the bigger picture and keeping the community safe.”

18–24-year-old female, living in Hawke's Bay during the pandemic

People told us that essential workers should be supported in any future health emergency with childcare, vaccine priority and good access to personal protective equipment (PPE).

## Supermarkets and access to food |

### Ngā hokomaha me te āhei atu ki ngā kai

People praised supermarkets and access to food during the pandemic, often stating that contactless shopping and deliveries made grocery shopping easier. They also told us that they valued vulnerable people being able to access supermarket services before others or told us of their appreciation for the steps taken to limit the spread of COVID-19 in supermarkets.

However, more people were critical about supermarkets and access to food. They shared experiences of how they faced difficulties when trying to access groceries.

“ Living semi-rurally (over 10kms from the nearest supermarket – that does not offer delivery service) with a full-time electric wheelchair user, we found it extremely difficult to source groceries and household staples. We felt totally isolated, as there was no support service available within our small community. We relied on having to order food and goods online (at extra cost) so that I did not unknowingly bring the virus into the house by driving into town and shopping at the one and only supermarket. Milk was the hardest item to source along with bread.”

55–64-year-old Pākehā female

It was suggested that there should be rationing of goods and clear communication about how much stock is left in supermarkets, as this could reduce panic-buying and stock shortages.

Others suggested that some vulnerable people had difficulty ordering or receiving online grocery orders, and should have been better supported to do so.

## The COVID-19 Wage Subsidy Scheme | Te Kaupapa Utu Moni Āwhina KOWHEORI-19

People, including business owners and those who benefited from this scheme, told us that the COVID-19 Wage Subsidy Scheme reduced financial stress and protected job stability.

“ I own a small business. [...] The response from the government and the reassurance that they were doing the best for all of us helped. Once I understood what help the government were providing for people like myself, I felt that there were at least some options. Because the wage subsidy was so easy to apply for and came through so quickly, I was able to make sure that my family and employees would be okay. Many of my employees have young families to provide for. This enabled me to be able to cope with what was happening because none of us really knew where we were headed. It was uncharted territory.”

55–64-year-old male, Auckland

It was noted that wage subsidies encouraged people to stay home from work, which helped reduce the spread of COVID-19.

People stated that wage subsidy schemes should be used during future pandemics, as long as they are set up fairly and in a way that people cannot easily take advantage of.

Others were critical of the wage subsidy scheme for creating too much public debt.

## Financial hardship | Te tino rawakore

People told us about how the COVID-19 pandemic put extra financial pressure on them and their households, or on New Zealanders in general, despite the Government supports available. Financial hardship due to the pandemic was difficult and stressful for people, some of whom sold assets or spent their savings in order to cope, setting them back financially.

“ We are a family of three. During the lockdown period we lost income significantly as my partner was earning base plus commission. As he was only earning the base, we had to claim financial hardship on our mortgage.”

45–54-year-old female, Wellington

People were grateful for the financial support they did receive from the Government, which they said helped with job security and helped avoid a personal financial crisis.

Some felt though, that trying to access financial support was stressful and involved too much paperwork. People also told us that eligibility criteria were too strict, stopping some people who needed help from getting it.

## Online resources and internet connectivity | Ngā rauemi tuihono me te tūhonohono ipurangi

People told us how online tools allowed them to take part in important activities during the pandemic and remain useful now.

“ My family was lucky to be able to work and study from home without hardship, especially when our broadband provider increased their upload speed.”

45–54-year-old male, Auckland

It was also noted that being able to shop online made the pandemic experience easier.

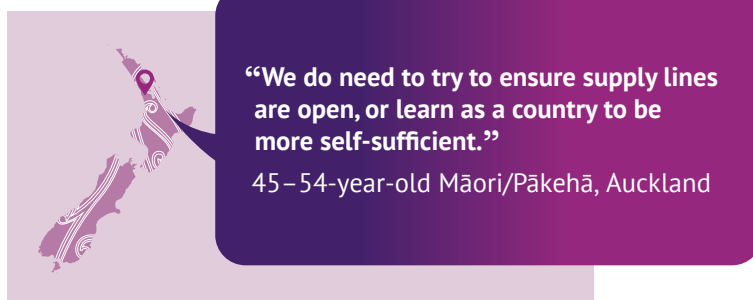
People told us they appreciated it was a privilege to have access to online tools during the pandemic.

Some people felt that more should be done to reduce the digital divide in Aotearoa New Zealand and ensure people aren't left without access to the Internet during lockdowns.

People also noted that there should be plans for better use of technology in the delivery of public services during a pandemic.

## Supply chain issues | Te raru ara tukutuku

Some people stated that the country's supply chains were harmed by the pandemic response. They also considered that supply chains remain insecure and need strengthening.



## Tourism industry | Ahumahi tāpoi

People told us that financial support for the tourism industry during the pandemic was important.

Others mentioned how they appreciated being able to travel within the country with fewer tourists, due to the border restrictions.

Many people pointed out that the tourism industry was seriously (and immediately) impacted by the pandemic, and that many tourism businesses did not survive the pandemic.

**Impacts on  
our society and  
communities |**

**Ngā pānga ki tō  
tātau porihanga  
me ngā hapori**



3

# 3

## Impacts on our society and communities | Ngā pānga ki tō tātau porihanga me ngā hapori

### ✔ What people said worked well | Ko ngā mea i kī te tangata i pai

- Social and mental health support services were available for those who needed them during the pandemic.
- Community groups mobilised to help support people at the grassroots level.
- New Zealanders came together and worked towards a common goal; communities and neighbours became closer and supported each other.

### ↗ What people said didn't work or could be improved | Ko ngā mea i kī te tangata kāore i pai, me pai ake rānei

- People's mental health and wellbeing suffered, especially during lockdowns. Certain rules could have been more flexible, to help make sure individuals got the support they needed.
- Being unable to see sick or dying loved ones or attend funerals or tangi was highly disruptive to the grieving process and very painful for those affected.
- Complex rules and restrictions made it hard for people to access important social or community groups and activities.
- The Police spent too much time and effort enforcing COVID-19 rules rather than enforcing the law, damaging public trust.
- People worried that Aotearoa New Zealand became more divided over the pandemic period. Some felt that aspects of the government response to COVID-19, such as vaccine and mask mandates, divided the nation, while others blamed misinformation.

### 💡 What people suggested for the future | Ngā mea i whakatakotoria mai mō muri ake

- Mental health should be prioritised when making decisions, taking into consideration specific populations like elderly people, children and more vulnerable/isolated groups.
- Pandemic restrictions should be more flexible so people can support each other.
- Looser restrictions on physical activity and recreation places could have improved people's mental and physical health.
- More should be done to support vulnerable groups, such as disabled people.

## Mental health and wellbeing | Te hauora me te oranga ā-hinengaro

One of the most frequently raised topics was the negative impact of the pandemic on people's mental health. People commented that lockdowns were particularly hard, specifically in relation to stress, anxiety, depression and social isolation.

“ I spent the pandemic living alone as I have for the past 40 years and, although I have a large extended family, the period of the pandemic was like being in solitary confinement and had a profound effect on me which I don't think I will ever recover from. Everything I did outside my home ceased for a significant period of time and I found that many of the people I knew retreated to the nucleus of their immediate families. Loneliness was intense and black. The only direct human contact I had much of the time was with the local supermarket staff through a plastic screen.”

65–74-year-old Pākehā male, Canterbury

People also felt that COVID-19 restrictions sometimes exacerbated people's existing mental health issues and prevented them from getting the support they needed.

People told us that pandemic rules could have been more flexible to reduce the mental health impact on New Zealanders and allow them to receive the necessary help and support from friends, family and professionals.

In particular, people referenced youth mental health, sharing that they felt young people's mental health suffered because of disruptions to their education, a lack of social interaction, and the stresses and fears associated with living through a pandemic (see page 85).



People considered mental health should be prioritised more when decisions are being made on how to manage a pandemic situation, and called for more mental health support services to help people cope whenever they are struggling with their mental health.

## Experiencing loss | Te pā mai o te matenga

Some people who lost a loved one during the pandemic acknowledged how difficult this was for them, but also offered support for the pandemic response overall. These people felt that even though restrictions made it difficult to visit unwell or elderly loved ones, they were necessary and helped to save lives, or prolong the lives of vulnerable people.

Many more people, however, felt that being stopped from visiting sick or dying loved ones was too strict, and unnecessary. Similarly, people felt that limiting the number of people who could attend funerals or tangi would not have made a big difference to safety, but did make a big difference to how people were able to grieve and cope through the loss of a loved one. People told us the inability to hold proper funerals or memorials significantly impacted their grieving process and could be very painful.

**“Then we weren’t allowed to have a funeral for him. None of the family could gather to support each other. We ended up breaking lockdown rules and followed common sense at the gravesite and social distanced. 16 of us said our goodbyes as we laid him in the ground. He had no service. He deserved a funeral. He fought in the Second World War. He survived the polio epidemic but his life wasn’t able to be celebrated properly in his last moments.”**

35–44-year-old, Southland



Limiting visitation in retirement homes and hospitals was also seen as too strict and unneeded, leading to stress for everyone involved.

“The pandemic had a major impact on the elderly. My mother-in-law is in a rest/care home, and her kids and grandchildren would visit her on a regular basis, which was one of her small joys.

I understand the elderly are in a very vulnerable position with COVID-19, but it was so very isolating for those in care.”

45–54-year-old essential worker, Auckland

“Mum was very ill, and I got one hour to spend with her. One hour to sing and pray and tell her we loved her. Then I had to leave and I knew I would never see her again. My family was robbed of our goodbye with her, we would have been there 24/7 with her. She died alone. We would have never let that happen.

I will never get past the guilt of leaving her, of having that time with her that my brothers, and their wives and children did not get. I have found it very difficult to mourn and reconcile her loss.”

65–74-year-old female, Nelson-Tasman



## Organisations and volunteers | Ngā whakahaere me ngā kaitūao

Some people felt more should be done to support vulnerable groups during a pandemic. Specific groups that people classed as vulnerable were those with disabilities, high health needs or mental health issues, Māori and Pacific people, low socio-economic communities, and older people.

People talked about the important role of community groups and volunteers that mobilised during the pandemic and were able to offer support at the grassroots level.

“ Our local Blind Citizens NZ group also liaised with Meals on Wheels to allow members to access their service.”

35–44-year-old, Bay of Plenty, living with a visual disability

“ Some amazing things happened on marae. I am very aware of the services that, in the area where I live, provided creative and comprehensive health and social services.”

65–74-year-old Pākehā male, Lower Hutt

“ Local organisations were very good at checking in and ensuring everything was well with me, as I lived on my own.”

75–84-year-old Pākehā female, Canterbury

“ I am very grateful that my mum and babies group, SPACE, continued online. I would have been so lost without that support network.”

35–44-year-old Pākehā female, Auckland

## Access to public services | Te āhei atu ki ngā ratonga tūmatanui

A small number of people mentioned how grateful they were that emergency services continued to operate during the COVID-19 pandemic.

Some people criticised the Police for things that happened during the pandemic, but weren't related specifically to COVID-19. This included concerns that crime rates were increasing, including family violence and theft. People often attributed the increase to police being too focused on COVID-19 policies rather than enforcing the law.

Others disagreed with the way police enforced COVID-19 rules, or felt the Government had too much influence over the Police during this time.

Some people told us they were pleased the justice system was able to keep working to some extent during the pandemic, but most people who talked about the legal or justice systems raised concerns. For example, we heard from prisoners and their families that visiting correctional facilities during the pandemic was difficult, and about problems with the way prisons around Aotearoa New Zealand dealt with COVID-19 cases among prisoners and staff.

“I made sure to get the shots and my son, who is compromised and was advised not to get the vaccine due to his health, got the vaccine so he can visit me, only for the prison to turn around and say they cannot do visits as they don’t have the staff.

It has now been 3.5 years with no contact with my family. I’ve lost my relationship with my partner, and I am not the only inmate whose relationship has been affected because of COVID-19. Many inmates have lost their partners because of COVID-19 as we would be arguing about having no contact. My children ask me why I don’t want to see them, but it’s because of the rules – I didn’t have a choice.

We were not allowed video calls either. Inmates in the prison were constantly told there was not enough staff because of getting COVID-19 or not wanting to get vaccinated – but we’re the ones who suffer from not getting visits.”

45–54-year-old male prisoner, Auckland



## Social cohesion | Te noho tahi a te hapori

Some people felt that social cohesion in Aotearoa New Zealand improved during the pandemic. They talked about the sense of unity and togetherness they felt, when New Zealanders came together and worked towards a common goal – to stop the spread of COVID-19.

People talked about communities and neighbours helping each other out or recalled physically distanced catchups, families out waving to each other on walks, and teddy bears in windows. This helped to ease people’s initial anxieties about COVID-19, and fostered a sense of belonging.

“ It was the first and only time in my life that I felt like I lived in a genuine, caring community. I felt safe.”

45–54-year-old Māori/Pākehā female,  
Manawatū-Whanganui

“ The sense of ‘pulling together’ as a nation felt incredibly powerful from a cultural perspective.”

35–44-year-old Māori/Pākehā  
female, Auckland

However, many more people told us about negative social outcomes they saw during the pandemic. These people talked about the pandemic creating division, especially through the introduction of vaccine and facemask mandates, and the protest at Parliament in early 2022.

People who talked about the Parliament protest either supported the protest and felt that vaccine mandates or other parts of the pandemic response turned people against each other, or criticised the protest itself, often stating that people should not have complained about pandemic restrictions and mandates. Many people, whether they supported it or not, felt the protest was poorly handled by the Government and the Police.

“ The number of jobs lost and the financial struggles that many endured due to these mandates was heartbreaking, especially for those that had justified reasons for not wanting to be vaccinated due to health concerns, hesitancy and especially those that had a reaction to their first dose.

It was for these reasons that many attended the protests outside Parliament, and the treatment that they received from politicians and the public was saddening. They just wanted to be heard and have their genuine concerns addressed.”

45–45-year-old Pākehā female, Otago

“ I no longer trust the Government, or the Police, or any other institutions now, including the medical profession.”

55–64-year-old person who attended the parliamentary protest

Some unvaccinated people wrote about how they found friendship and understanding among other unvaccinated people – often being brought together by the opposition or rejection they felt from vaccinated people or society in general.

“ Our rights to protest, both cultural and basic, were breached: whether you believe in or supported what our people were marching for, we should have backed their right to do so, not put people into muddy paddocks with no food, ablutions, or shelter!!! Shame. Shame on our government and each other, this was one of the saddest things I’ve ever seen. We should all be saddened and ashamed.”

35–44-year-old Māori/Pākehā male, Northland

Some people worried that Aotearoa New Zealand was more divided than it had been previously, and that this might continue to worsen or be used by groups or individuals with bad intentions.

Some people discussed how this division might affect the future: some who supported COVID-19 restrictions worried people may be unwilling to follow restrictions in a future pandemic, while others who disagreed with how the COVID-19 pandemic was handled told us that they would refuse to comply with restrictions again in the future

People were frustrated at what they viewed as the selfish behaviour of others during the pandemic, such as breaking lockdown rules or refusing to wear a mask or be vaccinated to help protect the community.

Some people also felt New Zealanders were being encouraged to report neighbours or others in the community, which also damaged social cohesion. Some people also told us that the harassment and abuse faced by those who didn’t comply with pandemic measures was unnecessary.

“One of the biggest challenges of the pandemic was people who had fallen for misinformation or were actively engaged with spreading it around. There was a lot of damage done to our social fabric by people who are truly irrational, like conspiracy theorists, anti-vaxxers, and dedicated anti-authoritarians.

The occupation of Parliament was especially upsetting. I had several staff members who worked nearby who were threatened, harassed, or made to feel unsafe by members of the occupation. One staff member had someone pull off their mask and cough in their face, which is disgusting behaviour, and hit them at a particularly vulnerable time just after they had experienced a personal loss. Figures in politics, media, and the rest of society who endorsed or tolerated the occupation displayed a lack of morals or shame. The lack of action to prevent the occupation planting roots or to disperse it was extremely disappointing. I felt like the city had been invaded by people who wanted to actively hurt us, and leadership was letting it happen.”

35–44-year-old Pākehā male, Wellington



**Education during  
the pandemic |**

**Te mātauranga  
i te wā o te  
mate urutā**



## 4

## Education during the pandemic | Te mātauranga i te wā o te mate urutā

### ✔ What people said worked well | Ko ngā mea i kī te tangata i pai

- Some teachers felt well-supported throughout the pandemic.
- Some teachers and students enjoyed the shift to online teaching and learning.
- Digital devices and learning materials were provided to schools and students who needed them.
- School closures protected the vulnerable and reduced spread of COVID-19 in the community.
- Vaccination and facemask policies helped keep teachers and students safe when schools reopened.

### ↻ What people said didn't work or could be improved | Ko ngā mea i kī te tangata kāore i pai, me pai ake rānei

- Government communication and guidance to schools was at times inadequate or confusing.
- Remote teaching and learning was difficult for many teachers and students, and schools were not prepared to switch to remote education.
- School and university closures were disruptive for young people, both socially, and in terms of their learning.
- Some households didn't have access to adequate resources for online learning.
- Teachers were at greater risk from COVID-19 due to the classroom teaching environment.
- Returning to in-person learning was difficult for some.
- Unvaccinated students could face delays or barriers to accessing education, and some experienced bullying and discrimination.
- Vaccine mandates meant skilled and passionate teachers lost their jobs.

### 💡 What people suggested for the future | Ngā mea i whakatakotoria mai mō muri ake

- Schools should educate students on viruses, media literacy and public health measures.
- Education needs greater investment and better support for education providers.
- Schools need consistent and standardised response plans and protocols for future health emergencies.

Education was discussed in a variety of situations, with comments encompassing early childhood, primary, secondary and tertiary education, and Māori medium schools.

Most people who discussed education didn't specify which education stage they were talking about, but comments largely referenced 'schools' or came from people who identified themselves as 'teachers' and have therefore been interpreted as relating to primary or secondary education and, to a lesser extent based on the content of comments, early childhood education.

## Educators as essential workers | Ngā kaiwhakaako hei kaimahi waiwai

We heard from many teachers, who shared stories about what it was like for them during the COVID-19 pandemic.

Some educators and school staff told us that teachers and schools felt well-supported by the Government through the pandemic. A slightly greater number, though, felt that guidance and communication throughout the pandemic could have been better.

Remote teaching was challenging but rewarding for some, though more teachers emphasised the difficulties of online teaching.

Vaccination and facemask rules helped some teachers and students feel safer in schools and other educational institutions, but some people highlighted the increased risk of catching COVID-19 in education settings.



“On return to school, we had no protection from COVID-19. I have now had five COVID-19 infections and was very sick after the first one, requiring weeks off work. I believe all my infections were acquired at school. The only time I have had a six-month stretch without COVID-19 was when I took a term off school.”

45–54-year-old teacher, Canterbury

Others felt that vaccine mandates resulted in teachers losing their jobs, which they did not agree with.

“Due to the mandates I lost my job as a primary school teacher. It has been my lifelong occupation; teaching is my passion and it's supported my love of travel and working overseas. I have an international Master of Education. None of this mattered when the mandates came in. I lost my job for not having a medical procedure. Did this provide any protection for the students and others working in schools?”

55–64-year-old female, Auckland

## Perceptions of loss of learning | Ngā kitenga o te kore akoranga

There was an overall perception among some people that lockdowns and school closures disrupted children's education and resulted in loss of learning. People felt that students missed important learning time and opportunities, and believed that many young people have become disengaged from learning as a result.

“My mental health through these times was not great. My passion and dedication for schoolwork and study went down dramatically and my grades declined.”

18–24-year-old male, Auckland



## Returning to the classroom | Te hoki ki te akomanga

On returning to in-person learning, some people noted that facemasks, better ventilation in classrooms, and other health measures kept students and educators safe.

A greater number of people, however, felt that mask-wearing affected children's physical health and social interactions.

“ Making the kids wear masks at school was very pressured. It was really hard for their little kids and put a lot of anxiety on the kids.”

No demographic information provided

Some people highlighted that schools were 'superspreader' environments for COVID-19 once they reopened.

Another topic people discussed was the challenge of transitioning back to in-person learning after so much time away from school. Some students found their learning progress had been impacted, while others found the social aspect of returning to school difficult.

“ The part that was really hard was the limitations in schools and the social distancing rules. This made it incredibly hard to work in schools and meet the needs of the children that were struggling with the return to routines and leaving home.”

45–54-year-old Pākehā female, Canterbury

“ I was worried about how my son would re-engage with school. He was Year 11 in 2022 – it was quite tentative – insecurity etc took its toll.”

No demographic information provided

“ Going back to school, we had to be separate. The rules were different. Chairs were apart and we had to always wear masks in classes. That was really weird! I was Year 9. I had just started...I got lost. When we had COVID-19 again in Year 10, I wasn't striving because I didn't understand anything. The teachers did their best to understand that a lot of their students were having trouble because of COVID-19, so they did a lot of stuff differently to what they would have before, but I think people were still struggling. It's gone back to normal now.”

Secondary school student, Northland



## Learning from home | Te ako mai i te kāinga

For some students, learning from home was a welcome change that enabled more independent and flexible learning styles and reduced distractions. More people, however, highlighted issues they saw with learning from home.

Some people felt that because the risk to children from COVID-19 was low, schools should have remained open. People told us that not being able to send children to school was hard on parents and caregivers who suddenly had to manage their children's education, often while also working from home.

“If you are parent, you were also expected to be a teacher. Lots of families are struggling with the guilt because they are just trying to cope.”

No demographic information provided

“Trying to work an 8-hour day, while assisting kids with homeschool was nearly impossible.

Essential workers working outside the home could access childcare but parents working from home could not. Finding a way to better support all types of households in the future would be advisable.”

55–64-year-old female, Otago



“My husband and I were both essential workers and we continued to work throughout the pandemic. The closure of schools had a significant impact on our children who had also experienced disrupted schooling due to the Christchurch earthquakes.

Both children have challenges meaning that independent learning was difficult, one child struggled with online learning due to shyness. The schools did provide some schooling for essential workers during the later lockdowns, but these were not classes. The kids were able to take laptops to school and be supervised, but with little educational support.”

45–54-year-old essential worker, Canterbury

Others felt that some online learning resources were sub-standard, or that they varied a lot between different schools and institutions.

Some young people simply told us that they didn't like learning from home, or that the style of teaching and learning from home did not suit them.

“I didn't like the online school because I couldn't have one-on-one time with my teacher. I need my teacher's help as I got diagnosed with ADHD. They just gave us too much work. Less work, and more time with my teacher would have been better. I just pretended I understood.”

Student

Another significant topic that people discussed was how being isolated from peers during lockdowns impacted students' mental health and their engagement in learning.

“As a high school student, the lockdowns really disrupted the most important years of my schooling.

It was very difficult to stay motivated to learn from home, only communicating with the teacher through a screen.

The whole country was in it together, so we all managed to get by, but the impact the lockdown has had on myself and my generation cannot be understated. The isolation took a huge toll on my mental health.”

18–24-year-old Pākehā male,  
Hawke’s Bay



## Resources for learning and teaching | Ngā rauemi mō te ako me te whakaako

People told us they felt schools were unprepared and underequipped to change to remote teaching and learning. The supplying of digital devices and learning materials to schools and students who did not already have access was appreciated by submitters, though others told us they found devices and internet connection unaffordable or difficult to access. In particular, rural or financially disadvantaged students seemed to be impacted by this.

“ At the time I was working at the Kura, and we needed significant change to provide distance learning in record time. We were blessed with our teacher’s capability and attitude towards being adaptive. But many of our whānau were on the other side of the digital divide – there was no point having a device if there was no power or internet.”

No demographic information provided

“ As a teacher at a low decile school at the time, I feel we didn’t receive resources fast enough. Students at lower decile schools were disadvantaged, as many found it difficult to work online and lacked parental knowledge or support compared to students in higher decile schools. Many of our students’ parents were essential workers and therefore not home, so our students were left either supervising their younger siblings or unsupervised (and less likely to do schoolwork).”

35–44-year-old teacher, Wellington

We also received accounts of the challenges faced by disabled students due to not having adequate technology at home to meet their learning support needs.

## Impact on children's mental health | Te pānga ki te hauora hinengaro o te tamariki

People told us about the increased anxiety they saw in children because of isolation during lockdown and school closures.

“I work in mental health with children and teens... The disruption to schooling has had an irreversible impact on our children and teens. Referrals to the Children's and Adolescents Mental Health Services remains high, with a significant proportion of patients still out of school. Anxiety and Obsessive-compulsive Disorder referrals increased. Parents of children with serious disabilities struggled to cope.”

45–54-year-old Pākehā female, Canterbury


Some people considered that the reduced social interactions over the pandemic period had affected young people's communication and social skills.

Others said they feel that disruptions to schooling have resulted in lowered academic outcomes, and increases in truancy and behavioural issues.

We were also told about unvaccinated students facing delays and barriers to accessing education, including not being allowed to participate in certain activities or attend classes, and experiencing bullying or discrimination because of their vaccine status.

“Because of our experience, we didn't get our two children vaccinated. They were outcast from sports and arts and social activities. This, along with the lockdowns, affected their morale.”

No demographic information provided



“I stood my ground and don't regret not getting vaccinated, but I will live with this feeling of unworthiness for a long time. My children will remember the bullying they experienced at school for not getting vaccinated, being able to participate in school productions and sport, as well as the bullying for not wearing masks that affected them in different ways.”

35–44-year-old Pākehā female, Otago

# The experiences of iwi and Māori | Ngā wheako o ngā iwi me te Māori





# 5

## The experiences of iwi and Māori | Ngā wheako o ngā iwi me te Māori

### ✔ What people said worked well | Ko ngā mea i kī te tangata i pai

- Local, iwi or community-led responses are effective and efficient.
- Māori community-based responses were able to engage with local people faster and more directly than government agencies.
- Prioritising Māori during the pandemic response, particularly during the vaccine rollout, was the right thing to do given the discrepancy in health outcomes for Māori compared to other ethnicities.
- Expert input and leadership from Māori are welcomed and were proven to be effective during the COVID-19 pandemic.

### ↗ What people said didn't work or could be improved | Ko ngā mea i kī te tangata kāore i pai, me pai ake rānei

- Pandemic restrictions disrupted people's ability to practise aspects of tikanga Māori, which was challenging.
- More iwi and Māori involvement in the early phases of the COVID-19 response would have resulted in better outcomes for Māori.

### 💡 What people suggested for the future | Ngā mea i whakatakotoria mai mō muri ake

- Māori needs should be specifically addressed in any future pandemic response.
- Treaty of Waitangi obligations must be at the forefront of decision-making in a pandemic. Iwi, hapū, marae and Māori organisations need to be engaged in decision-making.
- More responsibility should be given to Māori health providers and organisations to deliver better health outcomes for Māori.
- The health system should generally be more responsive, more welcoming, and better resourced to improve health outcomes for Māori.
- Ensure that Māori health initiatives are well funded so they can continue to serve their communities and deliver good health outcomes for Māori.

## Self-determination | Tino rangatiratanga

People told us that local, iwi or community-led responses were effective and efficient. They felt that Māori community-based responses were able to engage with local people faster and more directly than government agencies.

“I work for a Māori health provider; we are not a primary health organisation or a general practice. We did not have access to the same channels of communication as other mainstream providers DESPITE offering more services than other health providers in our area.

For example, our nurses were doing homebased swabbing and vaccination, and providing COVID-care and post-COVID follow up to Māori whānau who did not have a GP. Our organisation set up the only drive-thru site in our region, and we delivered pop-up vaccination clinics in remote and rural areas.

The only reason we stayed in the loop was because our management and nursing teams had good relationships with the primary health organisation management team and the immunisation coordinator at our DHB... You need to give more credit and have more faith in Māori providers. We are so very capable. We are not weighed down by excessive bureaucracy and layers of management which means we can make decisions fast and act fast.”

45–54-year-old Māori  
(Ngāi Tahu, Murihiku) female

Alongside the praise for Māori-led responses, people acknowledged the need for iwi, hapū, marae and Māori organisations to be involved in decision-making.

People also felt that giving more responsibility to Māori health providers and organisations would help improve general health outcomes for Māori.



“Māori health organisations, marae and other collectives in our area played a big part in keeping everyone safe and supported. Family and friends elsewhere also benefited from the hard work done by Māori organisations in other areas across the country.”

45–54-year-old Pākehā female,  
Wellington

Others felt that vaccine mandates took away people’s bodily autonomy, noting that this could be of particular concern for Māori people who may already struggle to trust the Government and the health system due to historic harms.

People told us that the pandemic restrictions, particularly lockdowns and vaccine mandates, also prevented the ability to practise some aspects of tikanga Māori.

“ Of 50 kaimahi [colleagues] at the marae I worked for, I and one other refused the job. We were told our employment was in jeopardy. The threat of unemployment weighed heavily, which caused disharmony in my home. My colleague and I were excluded from meeting in the wharehuni [meeting house] – we were lepers in Te Ao Māori [the Māori world]. There is no way our brave seafaring tupuna [ancestors] would have condoned this. The cultural significance of separating Māori from their wharehuni cannot be understated.”

45–54-year-old Māori male

## Equitable treatment | Ōritetanga

Some people praised the prioritisation of Māori during the pandemic response, particularly in relation to the vaccine rollout, given the discrepancy in health outcomes for Māori. People felt that this should be repeated in any future pandemic.

Others suggested that the health system should be more responsive, more welcoming and better resourced, to help improve health outcomes for Māori in any future pandemics.

## Governance | Kāwanatanga

People told us of their support for expert involvement and leadership from Māori, noting that this was shown to be effective during the COVID-19 pandemic. People also felt that more Māori involvement in the early phases of the COVID-19 response would have resulted in better outcomes for Māori.

In particular, people emphasised that providing enough funding so that Māori can lead pandemic initiatives is essential, and a Te Tiriti o Waitangi (Treaty of Waitangi) obligation. These people noted that treaty obligations should be at the forefront of decision-making in a pandemic.

“ The way we operate in our Māori communities is that we know each other and what is going on, so we work collaboratively and we support people who need it. That's our greatest benefit. We can act, because we know who to go to.”

Kaumātua and kuia assisted feedback session, Northland







**Aotearoa  
New Zealand's  
overall pandemic  
response |**

**Te urupare whānui  
o Aotearoa ki  
te mate urutā**



# 6

## Aotearoa New Zealand's overall pandemic response | Te urupare whānui o Aotearoa ki te mate urutā

### ✔ What people said worked well | Ko ngā mea i kī te tangata i pai

- Aotearoa New Zealand's pandemic response was world-leading; it saved lives and made people feel safe, was evidence-based, and prioritised the health of the nation.
- Quick actions, clear communication, and strong leadership meant New Zealanders could continue to live somewhat normally while the rest of the world struggled with COVID-19.
- Rules and policies were straightforward, reasonable and easy to follow.
- The Government was open and appropriately engaged public health experts to tell the public about scientific information.
- Personal protective equipment (PPE) and tests were accessible during the pandemic.
- Communities were supported to plan and organise their own responses.

### ⤴ What people said didn't work or could be improved | Ko ngā mea i kī te tangata kāore i pai, me pai ake rānei

- Aotearoa New Zealand's pandemic response was too controlling and fear-based, and certain measures were ineffective or even harmful.
- The negative impacts of the response outweighed the risk of COVID-19.
- The response breached personal rights and freedoms, and legislation was rushed.
- Trust in government and public institutions was damaged.
- Misinformation became widespread, which was made worse due to a lack of clarity about the reasons for certain pandemic measures.
- Personal protective equipment (PPE) and rapid antigen tests (RATs) weren't always easily available.
- The Government (and opposition parties) politicised the pandemic response.
- A 'one size fits all' approach to engage the public doesn't work, communities should be more involved in the response, and the private sector should have been used more.
- The Government response wasn't fast enough, and restrictions were dropped too early.
- Many people supported the overall response up to a turning point, when certain restrictions became viewed as being too severe, or lasting too long.



## What people suggested for the future |

### Ngā mea i whakatakotoria mai mō muri ake

- The Government should do more to stop the spread of misinformation and take actions to rebuild trust in Aotearoa New Zealand's system of government and public institutions.
- Stockpile or manufacture personal protective equipment (PPE) and testing kits locally to increase future pandemic preparedness.
- Use a cross-government approach, or involve non-political groups, in a future response.
- Future pandemic restrictions should be targeted to the most 'at-risk' members of the community.
- A future pandemic plan should be prepared, including lessons from other countries and increased funding and resourcing for the health system.
- There should be more research and science funding to help prepare for future pandemics.

## Views on the Government's handling of the pandemic | Ngā whakaaro mō te whakahaere a te Kāwanatanga i te mate urutā

Many people praised the Government's pandemic response overall. They felt the response successfully protected vulnerable groups, saved lives, and made people in Aotearoa New Zealand feel safe.

**"I believe the Government's responses during the pandemic saved many lives."**

65–74-year-old Chinese female, Auckland



People thought the Government took quick and decisive action in uncertain times. Others noted that the response was evidence-based and followed scientific advice.

People also felt that the pandemic response prioritised the health of the nation over economic concerns, yet was proportionate and balanced.

**"It was hugely important to me in order to feel safe that we had leadership in government that valued lives over money. Health and wellbeing over commerce. While still making provision to keep the economy going as best as possible."**

65–74-year-old Pākehā female, Auckland

**"...I would ask anyone who feels that we handled COVID-19 badly to put themselves in the shoes of the millions of people that lost husbands, wives, parents, children, siblings, remoter family and/or friends and ask themselves would they have wanted better protection?"**

In my opinion, without the protections introduced by New Zealand, and if not as early as they were introduced, countless thousands of Kiwis would have lost loved ones, and livelihoods, and the recovery for the country would have taken longer, both in terms of health and economically.

Would I have felt the same had I not lost my father to COVID-19? Yes, absolutely. Living with the fear that other relatives, of all ages, were at risk is not unique to someone with family overseas, but it was less prevalent for most Kiwis. Without the border protections enforced, then many more of my friends in New Zealand would have also worried for their family and friends."

45–54-year-old Pākehā male, Canterbury

Many other people, though, were generally critical of the Government's response. They often felt the Government response was too strict or controlling; had too much of an economic impact on the country; relied too heavily on scaremongering and fear to encourage compliance; or that measures were ineffective or harmful, particularly when compared to the risks of COVID-19.

“...people started to question what we were being told, and what we were being told we had to do. And as this questioning and concern increased, and people queried the health regulations, then we started to move into the era of coercion, control, mandates and the whole labelling of people who wouldn't 'comply'...”

55–64-year-old male, Nelson-Tasman

## Communications and information | Ngā whakawhitiwhiti kōrero me ngā mōhiohio

People who told us they considered the Government did a good job on its communications during the pandemic felt that messaging was clear and effective.

They appreciated the daily public briefings, finding them informative and reassuring.

People also commented that they found the rules and policies straightforward, reasonable, and easy to follow.

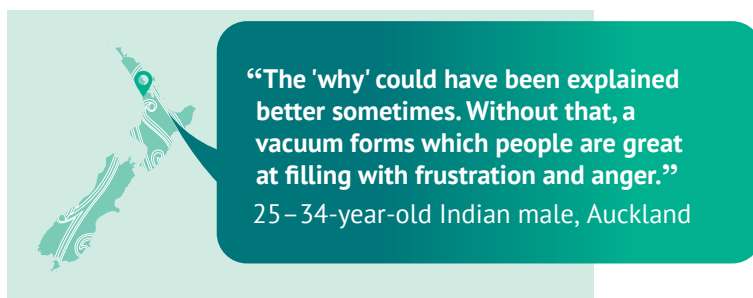
“We felt that the Government did a spectacular job informing us (and the nation) of what was happening, what we needed to do to be safe, what was going wrong, how they would remedy things, what we needed to do – how and why.”

55–64-year-old female, Canterbury

They felt the Government was transparent in its decision-making and appropriately engaged public health experts to tell the public about scientific information.

Others though, were critical of government communications during the pandemic. These people felt the media was biased or used as a tool to spread propaganda, or that the Government sought to control messaging and position itself as the sole source of accurate information regarding the pandemic in Aotearoa New Zealand.

Other people commented that there should have been better education about viruses, pandemics, and the evidence behind public health measures, in order to encourage people to follow these rules and understand why they were in place.



Some felt that rules and advice around COVID-19 were confusing or contradictory, or that they changed too often. Some also thought the Government was not open about all the decisions they made.

Daily public briefings were also described as anxiety-inducing, too frequent, and too long. Others suggested that communication styles should have been adjusted for different communities, and that people should have been given more warning ahead of restrictions being announced.

## Personal rights and freedoms | Ngā tika whaiaro me ngā mana herekore

We heard from a large number of people who felt that the COVID-19 response ignored, compromised or infringed on human rights and the New Zealand Bill of Rights Act.

**“The pandemic was handled badly by the government – in a very draconian and authoritarian manner and New Zealanders’ human rights were massively violated.”**

Pākehā female, Canterbury



Some said that greater individual freedom and responsibility should have been allowed, while others expressed concerns about pandemic-related legislation being enacted without proper process being followed.

## Decision-making processes | Ngā hātepe whakatau tikanga

People praised the Government’s decision-making processes and felt government organisations and political parties were well coordinated and united in the response.

They felt government departments did a good job, particularly Manatū Hauora the Ministry of Health and district health boards.

However, many more people were critical of the Government’s decision-making processes. They mostly stressed it was unfair the Government favoured particular groups, through vaccine exemptions, vaccine incentives, exemption from other pandemic rules, or financial support.

People also told us they felt the response should have been led using a bipartisan or cross-government approach, or by independent, non-political groups.

Others however, expressed views that certain pandemic measures introduced by the Government were illegal.



## The response was too extreme | He kaha rawa te urupare

Many people told us they felt the negative impacts of the pandemic response outweighed those of the COVID-19 virus itself.

“ I believe that the lockdowns and mandates have caused our country far more damage than the ‘pandemic’ itself. These impacts include, physical, mental, emotional, financial and social.”

65–74-year-old Pākehā male, Canterbury

Some told us they considered that the Government response was an overreaction, was too inflexible, and should have considered a broader set of evidence.

We heard concerns that people’s opinions that did not align with the Government response were suppressed or ignored, and freedom of speech was stifled during the pandemic.

## Mis/disinformation | Ngā kōrero horihori me te parau

People felt the Government should do more to stop the spread of mis/disinformation. One suggestion was for better public education about how pandemic measures work, as people would then be less likely to believe mis/disinformation.

We also heard concerns about how widespread mis/disinformation became during the pandemic and the impacts of this, such as people not following public health measures. Others shared how people they knew became convinced by mis/disinformation and spread conspiracy theories.

“ Certain groups were very vocal and often gave inaccurate or downright incorrect information and conned people into feeling sorry for them.

Act immediately when misinformation hits the headlines – the NZ On Air (etc) funding was used as a stick to beat the Government and the news media because ‘it showed that the Government had bought the news media’ and that they were not to be relied on.”

65–74-year-old, Marlborough

Some felt that the lack of clarity from the Government about the reasons for certain pandemic measures may have contributed to the spread of mis/disinformation.

People also said the Government should prioritise public health, rather than listen to the opinions of people who are convinced by mis/disinformation.

People told us that the criticisms of those convinced by mis/disinformation often involve logical fallacies, bias, or a lack of perspective. People stated that those convinced by mis/disinformation weren’t aware of how severe the consequences could have been if appropriate measures were not put in place.

“ In some ways New Zealand’s success, in terms of limited loss of life, has blinded some to the seriousness of the challenge faced.”

45–54-year-old Māori/Pākehā male

## **Trust in government and public institutions | Te pono ki te kāwanatanga me ngā whakanōhanga tūmatanui**

People told us that they, a family member, or the general public are more distrustful of the Government and/or democracy and public institutions because of decisions made during the pandemic.

They feel there is now a lack of trust in doctors, other healthcare professionals, or the wider medical field, for example.

Others stressed that trust in public institutions is important for a functioning society, and felt the Government should take measures to rebuild it.

## **Assessment of Aotearoa New Zealand's pandemic strategy | Te aromatawai i te rautaki mate urutā o Aotearoa**

Some people agreed with the Government's elimination strategy and supported this approach being used again in a future pandemic response. They felt this strategy resulted in positive outcomes for people's health as well as the economy.

Many more people though were critical of the Government's COVID-19 management strategy. They considered it would have been better to only restrict sick or at-risk people and let the rest of society continue as normal.

“ Isolate the sick and elderly. Only the sick should isolate, not the fit and healthy.”

35–44-year-old male, Manawatū-Whanganui

People thought the Government should have let the virus 'run its course' without any health measures in place. They said public health measures were not needed because they don't work, or only delay the inevitable health outcomes.

People told us they felt the elimination strategy was unrealistic because COVID-19 could not have been kept out of the country forever.

People were also critical of the traffic light and alert level systems, as they found the shifts between settings confusing. Others said the Government used the traffic light system to control the public and enforce vaccinations.

## **Accountability | Kawenga takohanga**

Some people told us that they wanted the Government and politicians to be held accountable for decisions they made during the pandemic.

People said that holding the Government accountable would help the country move forward, restore public trust and stop future governments from putting certain public health measures, particularly vaccine mandates, in place.

They demanded some form of justice, through an apology, an interrogation or even criminal charges.

## Pre-pandemic preparedness | Te takatū i mua o te mate urutā

People shared a range of suggestions as to how Aotearoa New Zealand should better prepare for any future pandemic: people told us there should be a pandemic plan for future health emergencies that takes lessons from Aotearoa New Zealand and overseas, which prevents politicisation and allows the country to respond quickly.

People also said the Government should improve public understanding about viruses, work more closely with other countries, or set up a fund to ensure Aotearoa New Zealand is financially prepared for a future pandemic, for example.

Others suggested that stockpiling or local manufacturing of personal protective equipment (PPE) would help improve Aotearoa New Zealand's preparedness.

## Procurement | Whiwhi ratonga

Some people praised the Government's procurement of personal protective equipment (PPE), noting that this was easily accessible to them during the pandemic.

“The supply of free RAT tests also helped me feel I had some control over our lives.”

55–64-year-old early childhood teacher

Many more people felt there was an undersupply of PPE and rapid antigen tests (RATs), stating they were not readily available during the pandemic, particularly for essential workers.

“In the early stages of the pandemic in 2020 there was insufficient access to appropriate PPE for healthcare workers, particularly N95 masks. I failed the fit test for the generally available masks, and only passed the 'fit test' with one particular brand. It was almost impossible to get access to these and I had to beg for a handful of masks before doing on-call shifts. The mask situation improved about a year into the pandemic, with good availability.

We must ensure we have adequate access to appropriate PPE. This means having adequate stock on hand at all times, and anticipating that global supply lines will be disrupted and that obtaining more PPE during a pandemic may be impossible due to worldwide high demand.

All health workers should be fit tested for PPE at the start of employment, and district health boards should proactively ensure they have adequate stocks for all staff needs. Unused PPE may end up being wasted, but this is preferable to sacrificing the lives of healthcare workers.”

45–54-year-old doctor, Hawke's Bay

## Comparisons to other countries | Ngā whakatauritenga ki ētahi atu whenua

People told us they were proud of Aotearoa New Zealand's 'world-leading' pandemic response. They stated it was better than other countries' because health was prioritised, and more lives were saved.

It was noted that New Zealanders could continue to live somewhat normally while the rest of the world struggled with COVID-19. People acknowledged that New Zealanders faced less disruption because of quick actions, strong leadership, and clear communication.

Fewer people negatively compared Aotearoa New Zealand's response to the responses of other countries. They mostly said that lessons from countries that experienced a low death rate and few restrictions should be included in a future pandemic plan.

People told us they thought Aotearoa New Zealand should have taken a similar response to the United Kingdom, the United States, or Sweden, who they felt did a better job at balancing saving lives with other aspects, like the economic impacts of the pandemic.

They also felt it was unfair that Aotearoa New Zealand was implementing restrictions when other countries weren't.

**“Sweden was 'open' but was not functioning. Efforts to protect those at risk were practically non-existent and the minimal interventions which were in place did not in practice make any space safer, outside of paid sick leave.**

**I looked back to my home country of New Zealand and the stark difference between situations each country found themselves in was mind-boggling. Post-acute illness from COVID-19 infection is widespread among my Swedish colleagues, which is unsurprising given the country's decision to have large numbers in the population infected before vaccines were available.**

**The interventions put in place in New Zealand in response to the pandemic were essential and minimised disruption and suffering as was experienced in other countries. As someone who experienced the polar opposite of responses in Sweden, I yearned to be back in New Zealand.**

**Our systems in New Zealand simply could not handle the disease burden of unchecked COVID-19 spread in the 2020-2022 period in the way I experienced it in Sweden.**

**Our response in New Zealand was necessary and effective.”**

25–34-year-old New Zealander, living in Sweden during the pandemic



## Concerns about international influences | Ngā māharahara mō ngā whakaawenga o tāwāhi

Some people suggested that international organisations, mainly the World Health Organization (WHO) but also the United Nations and World Economic Forum, had too much influence and power over Aotearoa New Zealand's pandemic response.

These people said that the WHO or other bodies wanted increased power or control, and had ulterior motives or an 'agenda'. Others accused the New Zealand Government and international bodies of being involved in bribery or corruption.

Some people were concerned about Aotearoa New Zealand's sovereignty, commenting that international bodies shouldn't influence how this country responds in a pandemic situation.

A similar number of people also told us they felt international pharmaceutical companies influenced the response too much. These people often questioned why details about the contracts between the New Zealand Government and vaccine manufacturers were not publicly available. People told us they felt pharmaceutical companies have too much power and influence, and cannot be trusted as they are motivated by making profits.

## Politicisation of the response | Te take tōrangapū o te urupare

People told us they thought the Government made the COVID-19 response political and used the pandemic for its own benefit. They wanted to see politics left out of decision-making in a health emergency.

Some thought the media played a role in this politicisation, by reporting the Government's actions or statements without question.

Others felt there was a loss of trust in the Government because the public believed the response was politicised.

Some people felt opposition parties were overly critical of the Government response. They told us that other parties shouldn't have politicised the response, as this undermined it.

They noted that during an emergency, opposition parties have a responsibility to support the Government. Others supported legal consequences for politicians who spread mis/disinformation.

## Government partnerships and relationships | Ngā pātuitanga me ngā hononga o te Kāwanatanga

People praised government partnerships, particularly their relationships with iwi and Māori organisations, as they felt the Government supported these groups so they could plan and organise their own responses that suited their situations and needs.

Many more people were critical of the Government's partnerships and relationships with other organisations. They noted that a 'one size fits all' approach to engage with communities is not effective.

Some suggested the Government should work with communities earlier, involve them in planning, and give them more freedom to organise their own responses.

People also told us the private sector should be better utilised during a future pandemic.

“ Māori were not consulted adequately and when consulted our advice was ignored. There was no partnership approach.

We were put at disproportionate risk of being infected by the Delta strain of COVID-19, when compared with other population groups. In 2021, Māori made up over 50% of the Delta cases and 17% of the population, 39% of Delta hospitalisations, and 45% of the associated deaths.

Resources and funding did eventually arrive to ensure basic needs were being met for Māori communities in the Far North. This took a great deal of advocacy from community leaders, iwi leaders talking with Māori MPs along with hapū and other iwi, mobilising themselves to do whatever was needed to inform and protect our people.

The statistics speak for themselves. We had to look after ourselves because the prejudice we experienced told us we were an afterthought.”

65–74-year-old Māori (Ngāti Kahu),  
Auckland

## Government response did not go far enough | Kāore i whānui rawa te urupare a te Kāwanatanga

Some people agreed with the COVID-19 measures but felt that restrictions were dropped too early and that the virus was an ongoing threat. It was also suggested that the easing of restrictions should be more gradual and should only happen when there are other measures in place to keep people safe.

Some thought the Government didn't act fast enough at the outset of the pandemic and said that in the future, measures should be put in place earlier and decisions made more quickly.

## **Initial support waned over time | I heke haere ngā tautoko i roto i te wā**

Some people told us they agreed with the Government's response up to a point. Most noted their 'turning point' was the introduction of vaccine mandates, however people brought up a variety of events that changed their opinion about the Government response. They stated that people didn't follow public health measures once they no longer agreed with the overall response.

Many felt that, as the pandemic wore on, government communications turned into 'propaganda' and that certain restrictions were too severe.

“I thought New Zealand did well for the most part in the initial response to COVID-19, and prevented a lot of deaths and overloaded hospitals because of it, but lost the plot right at the end, which ended with thousands of law abiding citizens camping out at the Beehive with no jobs to go to. That was so inhumane. I did not think I would ever witness injustice like that, especially here in New Zealand.”

25–34-year-old male, Canterbury

People told us they thought the Government's response saved lives initially, especially while the threat from COVID-19 was not fully known, but disagreed with how and when restrictions were relaxed. Some people thought pandemic restrictions were removed too soon, to the detriment of health outcomes, sometimes framing this as the country "giving up".

Other people told us they felt restrictions went on for too long. People who disagreed with how or when restrictions were removed called for better planning to help the country return to normality in any future pandemic.

## **Increase research and science funding | Te whakapiki i ngā pūtea rangahau me te pūtaiao**

People told us they support more funding for research and science, to help improve Aotearoa New Zealand's response to future health emergencies.

## **Environmental impacts | Ngā pānga taiao**

Positive environmental impacts of the pandemic were noted by people, who told us they observed less pollution and increased biodiversity during this period.

Slightly more people were concerned about negative environmental impacts of the pandemic, mostly the waste of single-use plastic medical equipment such as personal protective equipment (PPE), test kits and facemasks.

Others were concerned that future pandemics will be worse because of climate change, and noted a missed opportunity during the COVID-19 pandemic to address this global issue.

A photograph of a person's arm and hand resting on a surface, with a blue-to-green gradient background. The text is overlaid on the left side of the image.

# Additional information | Ētahi atu kōrero





# Out of scope material | Ngā kōrero i waho o te kaupapa

## Many submitters provided feedback through the public submissions process on topics that were outside of the Inquiry's Phase One terms of reference.

While this material cannot contribute to the findings, lessons or recommendations of the Inquiry and has not been included in our Phase One report, we wish to acknowledge the experiences and views of the COVID-19 pandemic that were important to the people who chose to contribute to the Inquiry.

### Overview | Tirohanga whānui

Some of the most frequently raised topics included feedback in relation to the origins of the COVID-19 pandemic, vaccine efficacy and safety (including vaccine harm and injury), Long COVID and how COVID-19 has been managed following the emergency phase of the pandemic.

Other comments outside the Inquiry's scope that we received included individual accounts of negative experiences with healthcare providers, the process undertaken by the Inquiry, the potential bias of the Inquiry and its Commissioners, and comments about the Inquiry's terms of reference.

### Origins of the COVID-19 pandemic | Ngā pūtakenga o te mate urutā KOWHEORI-19

People shared their views of the origins of the COVID-19 pandemic, including that there was no pandemic at all, or that the pandemic was planned and carried out by a group(s) or individual(s) with malicious intentions.

Some people considered the pandemic was the result of a laboratory incident in China – some thought this was an accident, but others thought it was done on purpose, to be used as a biological weapon.

Some said they thought the pandemic was a tool for the New Zealand Government to gain control of its citizens, or a way to achieve more widespread global population control.

Those who told us they didn't believe the pandemic was real often shared anti-vaccine sentiments, including a view that the COVID-19 vaccine was a tool designed to harm people.

“ I believe that the so-called pandemic was man-made and not a real pandemic. It was a pandemic of fear, fostered by governments.”

No demographic information provided



We wish to acknowledge the experiences and views of the COVID-19 pandemic that were important to the people who chose to contribute to the Inquiry.

## **Vaccine efficacy and safety | Te tika me te haumaruru o te kano ārai mate**

People told us of their support for COVID-19 vaccines, and their appreciation of the efforts made to procure a vaccine for Aotearoa New Zealand that was effective and safe.

At the same time, many other submitters told us of their doubts about the effectiveness and safety of COVID-19 vaccines.

People told us they were sceptical because of how quickly COVID-19 vaccines were developed, often stating they thought that safety testing was rushed, or didn't happen at all.

The primary COVID-19 vaccine used in Aotearoa New Zealand was often called an 'experimental drug' in submissions, and people commented on feeling pressured to take a new vaccine they thought hadn't been properly tested.

Others were concerned about the type of vaccine used against COVID-19. They considered mRNA vaccines less safe and effective than other types of vaccine, or raised concerns about their potential impact on human DNA or genes.

## **Vaccine harm and injury | Te tūkinu me te wharanga o te kano ārai mate**

The topic outside the Inquiry's Phase One terms of reference that we received the most feedback about was vaccine harm and injury.

Many people shared personal experiences of side effects or health conditions they consider were caused by a COVID-19 vaccine.

People who shared their own experiences of vaccine harm, injury or side effects, told us about chest pains or heart problems developing, and other side effects like headaches, stroke symptoms, loss of balance, or general health problems.

More often, though, the people telling us about vaccine harm had not experienced these effects themselves. Instead, people shared a broad belief that many people had experienced vaccine harm.

Some of these people believed generally that the vaccine had led to a significant increase in deaths, or was responsible for sudden increases in heart problems, cancers, strokes, and fertility issues.

Some people shared experiences of close friends or family members they considered had been harmed by a COVID-19 vaccine.

“ My wife was forced by her employer to get two doses of the vaccine. After the first dose she was very sick, heart racing feeling very clammy, stayed in bed for four days until she felt normal again.

The same thing happened with the second dose. Her employer said she had to get the booster as well, but my wife stood firm and said I'm leaving if you try to force that on me and so they then left her alone.”

55–64-year-old, Manawatū-Whanganui

Others told us about the process for reporting adverse reactions to the vaccine. We heard concerns that medical professionals didn't believe people who told them about their concerns, or refused to file a report on their patient's behalf. Again, while some people shared their personal experiences on this topic, many of those who commented hadn't experienced these issues directly.

People expressed support for those who have experienced vaccine harm to be acknowledged and/or compensated. People also considered that data about adverse reactions to COVID-19 vaccines should be publicly available.

## Long COVID | Te KOWHEORI roa

People suggested there should be more support for those suffering from long-term health impacts from COVID-19, especially people with Long COVID, and that more should be done to raise awareness of the condition. People also told us they would like to see more research undertaken into how to treat and avoid Long COVID.

“ Long COVID has robbed me of a social life, my fitness and my health. I have been incredibly lucky it has not robbed me of my job so far.”

35–44-year-old Pākehā male, Wellington

“ I still feel there is little to no support for Long COVID sufferers. We are stuck in a new, horrible life with an uncertain future. There's no support, little knowledge in the medical community, and we're left to navigate this completely by ourselves. I'm one of the lucky ones who is fortunate with my job and financial situation. Those who are unable to work are struggling to get financial support and access any worthwhile healthcare solutions.”

35–44-year-old Pākehā female, Auckland

## Post-pandemic COVID-19 | Te KOWHEORI-19 i muri i te mate urutā

Some people told us that they, and others around them, would continue to use things like hand sanitiser, masks, or social distancing to avoid getting sick now and into the future. They told us the pandemic had made people more aware of how diseases spread, and how to protect themselves.

More people, though, said that New Zealanders seem to have forgotten the risks of COVID-19, and they are worried about people no longer following COVID-19 health advice now that the emergency phase of the pandemic has been deemed over.

They stressed that COVID-19 is an ongoing issue and feel that restrictions to prevent its spread, such as mask-wearing or mandatory self-isolation, should still be in place.

“ But due to the multi-year extent of the pandemic, the nation’s will to continue with vigilance has withered. People don’t seem to realise there is still a pandemic, and there are potentially severe health consequences for anyone who gets COVID-19.”

55–64-year-old Pākehā female, Auckland

Some people also expressed their disappointment that the majority of public health communications about COVID-19 have stopped.

# What happens next? | Ka aha ā muri ake?

## **Te Tira Ārai Urutā the Royal Commission of Inquiry into COVID-19 Lessons Learned is tasked with examining the lessons learned from Aotearoa New Zealand’s response to COVID-19 that should be applied in preparation for any future pandemic.**

This experience report summarises public feedback received during Phase One of the Inquiry, which ended on 28 November 2024.

Phase Two of the Inquiry, which commences on 29 November 2024, is investigating key decisions taken by Government in Aotearoa New Zealand’s response to COVID-19 between February 2021 and October 2022, regarding:

- 1 The use of vaccines in response to COVID-19, specifically vaccine mandates; the approval of specific COVID-19 vaccines; and vaccine safety, including the monitoring and reporting of adverse reactions.
- 2 The imposition and maintenance of lockdowns, specifically the national lockdown in August and September 2021, and the extended lockdown in Auckland and Northland in September 2021.
- 3 The procurement, development, and distribution of testing and tracing technologies and non-pharmaceutical public health materials, specifically the impact of private sector involvement or non-involvement.

Phase Two of the Inquiry will make findings on whether key decisions were well-informed (particularly regarding any social and economic disruption key decisions were likely to cause) and whether those decisions had unforeseen consequences; and make recommendations on considerations that should inform future decisions to best prepare Aotearoa New Zealand to respond to any future pandemics.

Phase Two of the Inquiry will be led by Grant Illingworth KC (Chair), and fellow Commissioners Judy Kavanagh and Anthony Hill. The Inquiry will deliver its Phase Two report by 26 February 2026.

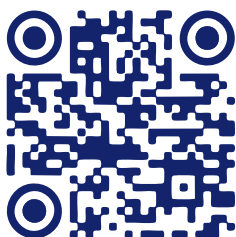
# Help and support | Ngā āwhina me te tautoko

If you have been affected by the COVID-19 pandemic there are organisations that can provide support, including the organisations listed below.

All of these organisations are independent of Te Tira Ārai Urutā the Royal Commission of Inquiry into COVID-19 Lessons Learned.

-  Free call or text **1737** any time for support from a trained counsellor.
-  Lifeline – **0800 543 354** (0800 LIFELINE) or free text **4357** (HELP).
-  Youthline – **0800 376 633**, free text **234** or email [talk@youthline.co.nz](mailto:talk@youthline.co.nz) or online chat.
-  Samaritans – **0800 726 666**
-  Suicide Crisis Helpline – **0508 828 865** (0508 TAUTOKO).
-  Healthline – **0800 611 116**

Find the full suite of documents at:





For more information visit:

[www.covid19lessons.royalcommission.nz](http://www.covid19lessons.royalcommission.nz)

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